

A More Empathetic You Curriculum Module



By
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A More Empathetic You Curriculum Module



Introduction

A More Empathetic You Curriculum Module

Directions for Use

A More Empathetic You is a curriculum module that has been prepared for two groups of people. First, the instructors, for whom we wish to provide a curriculum that can be used to complement their teaching skills and help them to educate nurse aides to remain knowledgeable, efficient, and caring. Second, the nurse aides, for whom we wish to provide the knowledge and skills necessary to remain competent and current in their provision of care.

Curriculum Pages

Each objective has been featured on a single page divided into three areas – “Content”, “Learning Activities”, and “Instructor Notes”.

- The “Content” area included in each part of the curriculum module outlines the lecture information to be covered in order to meet the objective. Handouts and overheads complimenting each part of the curriculum module are also included. Learning activities are included in this section and are student-centered activities designed to enhance classroom content and student learning. The curriculum module includes master copies of instructional materials needed to accomplish written activities simulations, and guided imagery activities listed. When applicable, answer keys are provided for use by the instructor during class discussion.
- The “Notes” area for each part of the curriculum module includes a blank area specially designed for instructor notes. Instructors may choose to write notes beforehand, during class, or afterwards. The notes may serve as reminders for the instructor or may include additional content or examples.

Overhead Transparencies

Each of the four parts of the curriculum module contains a set of overhead transparencies. Each transparency corresponds with a specific objective or objectives and includes information gleaned from curriculum pages. Each transparency is numbered and corresponds with the curriculum content. Even

though use of overhead transparencies by the instructor is optional, their use may be an effective teaching tool for nurse aides who are visual learners.

Handouts

A set of handouts for each part of the curriculum module is included. Each handout is numbered and corresponds with specific content. Handouts include information gleaned from each of the four parts of the curriculum module. The master copy of each handout should be duplicated and distributed to each nurse aide at the appropriate time during the lecture sequence.

Written Activities

Written learning activities are designed to enhance understanding of the content included in the curriculum module. Completion of each written activity requires the application of concepts learned by the nurse aide.

Each written activity corresponds to a specific objective or objectives and is coded with a number corresponding with curriculum content. A master copy of each written activity and an instructor answer key (when applicable) are included. The master copy of each written activity should be duplicated and distributed to each nurse aide at the appropriate time during the lecture sequence.

Simulation

A teaching-learning approach that mimics a physical condition that an older adult may have to face and requires the nurse aide to handle the situation as if he/she was actually experiencing the situation. It is a teaching strategy designed to increase a student's empathetic response to the older adult.

Mental Imagery

A teaching-learning approach that involves the nurse aide visualizing in his/her mind's eye (imagination) a place, situation, or event that either he/she has experienced, is currently experiencing, or could have experienced in the past. It is a teaching strategy designed to increase the nurse aide's empathetic response to the older adult.

Group Discussions

Group discussions are done after each nurse aide has completed written activity worksheets and are based on the answers to the worksheets. Group discussions are facilitated by the instructor and allow the nurse aides to voluntarily answer the questions on the written activity worksheets.

A More Empathetic You Curriculum Module Syllabus

Description:

A More Empathetic You is a curriculum module designed for the nurse aide employed in a long term care setting. The curriculum fosters the development of empathetic skills that will allow nurse aides to better understand feelings and fears that most nursing home residents experience.

Objectives:

1. Describe demographic trends of older adults currently living in the United States.
2. Debate the following question: when is a person old?
3. Discuss how ageism affects attitudes toward older adults.
4. Describe physical changes that occur as people age.
5. Describe cognitive changes that occur as people age.
6. Explain the importance of pacing and patience while caring for the older adult.
7. Discuss the feelings that a person might have who is suddenly admitted to a nursing home.
8. Recognize forms of resident abuse that may occur in a nursing home.
9. Discuss the reasons behind nursing home reform legislation in 1987 and its significance to residents and caregivers in nursing homes.
10. Identify ways that staff can preserve the rights of nursing home residents.
11. Identify ways that nurse aides can help a person adjust to life in a nursing home.
12. Identify the important role that you, as nurse aides have in delivering empathetic, compassionate care to persons living in a nursing home.

Teaching Methods:

- Lecture;
- Overhead Transparencies (Optional);
- Worksheets;
- Mental Imagery;
- Simulation; and
- Class Discussion

Method of Evaluation:

To meet requirements for the curriculum module, the nurse aide must:

- Attend the entire class;
- Participate in mental imagery activities/simulations;
- Participate in class discussions; and
- Complete each written activity;
- Pass the "closed book" written test with a minimum grade of 80.

A More Empathetic You Curriculum Module
Vocabulary

<u>Abuse</u>	An act or an omission that results in harm or threatened harm to the welfare of a person.
<u>Adaptive</u>	The ability of a person to adjust to changes in his/her environment.
<u>Ageism</u>	The prejudices and stereotypes based on characteristics shared by only a few members of the older population, yet are applied to all older people on the basis of their age.
<u>Arthritis</u>	A disease of the joints that causes stiffness, pain, and limited movement.
<u>Atrophy</u>	Decrease in size of an organ or tissue.
<u>Biological age</u>	The degree of “wear and tear” the body has gone through along the life span.
<u>Chronological age</u>	The number of birthdays a person has had.
<u>Cognition</u>	The manner in which messages from the five senses are changed, stored in memory, recovered from memory, and later used to answer questions, respond to requests, and perform tasks.
<u>Cognitive</u>	Of or relating to cognition.
<u>Connective tissue</u>	Tissue that supports and connects internal organs and bones.
<u>Demographic data</u>	The characteristics of human populations, such as age, sex, race.

<u>Discrimination</u>	The way people or things are treated based on their belonging to a class or category rather than on individual worth; to show preference to someone or something.
<u>Diverse</u>	Different; made up of different characteristics, qualities, or elements.
<u>Emotional Abuse</u>	Also called psychological abuse; the infliction of anguish, pain, or distress through verbal or nonverbal acts.
<u>Empathy</u>	The ability for an individual to understand another person's feelings because the individual has had similar feelings of his/her own; the individual is able to accurately understand the perceptions and feelings of another person and then communicate that understanding back to the person.
<u>Financial abuse</u>	Also called property abuse or misappropriation of property; the illegal or improper use of a resident's money, property, or assets, by another, for personal gain.
<u>Functional age</u>	The ability of a person to live in society and the degree that he/she can perform activities of daily living.
<u>Genetics</u>	The branch of biology that deals with traits and characteristics passed down by one's parents to their offspring.
<u>Geriatrics</u>	The branch of medicine that deals with older adult diseases and problems.
<u>Gerontology</u>	The scientific study of aging and the problems of the older adult population.
<u>Gravity</u>	The natural force that causes objects to move or tend to move toward the center of the earth.
<u>Impaired</u>	Diminished in quality, quantity, or strength.

<u>Learning</u>	The gaining of information, skills, and knowledge measured by an improvement in some obvious response.
<u>Lentigines</u>	Small brown freckles that appear on hand, arms, face, or other areas of an older adult; also called liver spots.
<u>Life expectancy</u>	The length of time a person is expected to live.
<u>Lowest common denominator</u>	The least intelligent or educated person that is a part of a group.
<u>Menopause</u>	The time in a woman's life when menstruation begins to decrease and finally ends.
<u>Mental imagery</u>	A teaching-learning approach that involves the student visualizing in their mind's eye a place, situation, or event they either have experienced, are experiencing, or could have experienced.
<u>Mind's eye</u>	The ability to imagine something.
<u>Neglect</u>	The refusal or failure to fulfill any part of a person's obligations or duties to a resident.
<u>Neurons</u>	Brain cells.
<u>OBRA</u>	<u>O</u> mnibus <u>B</u> udget <u>R</u> econciliation <u>A</u> ct – 1987; federal legislation enacted by Congress to ensure the quality of life and quality of care for resident's living in a nursing home environment and to provide protection for individuals living in nursing home environments; applies to Medicaid and Medicare certified nursing homes, beds in acute care hospitals certified to be used as long-term nursing care beds when the acute care census decreases (swing bed); and beds in acute care hospital certified as separate units for Medicare-approved skilled nursing services (distinct part units).

<u>Older Adult</u>	According to society, any person older than 65 years of age.
<u>Orthostatic hypotension</u>	A drop in a person's blood pressure when person suddenly changes position.
<u>Pacing</u>	The awareness and adjustment of one's nursing care based on how slow or how fast a person is functioning.
<u>Patience</u>	The ability to put up with slowness, delay, or boredom without complaining or appearing rushed.
<u>Peripheral vision</u>	Ability of one to see to the side while the head is facing forward.
<u>Personal Property Abuse</u>	Also called financial abuse or misappropriation of property; the illegal or improper use of a resident's money, property, or assets, by another, for personal gain.
<u>Physical abuse</u>	The intentional use of physical force that may result in bodily injury, physical pain, or impairment.
<u>Pigmentation</u>	The coloring of animal or plants by substances or materials.
<u>Presbyopia</u>	Loss of visual acuity for near vision that usually begins at age 40.
<u>Prejudice</u>	Strongly held positive or negative opinions about a topic or group of people because of ignorance or incorrect information.
<u>Psychological Abuse</u>	Also called emotional abuse; the infliction of anguish, pain, or distress through verbal or nonverbal acts.
<u>Reaction time</u>	The time it takes for a person to begin an answer or a movement after someone asks him/her a question or makes a request.

<u>Simulation</u>	A teaching-learning approach that mimics a physical condition that an older adult may have to face and requires the nurse aide to handle the situation as if he/she was actually experiencing the situation. It is a teaching strategy designed to increase a student's empathetic response to the older adult.
<u>Social age</u>	The degree to which a person follows what are considered to be age-appropriate norms; society encourages specific age groups to behave in a certain manner.
<u>Stressor</u>	An event or factor that brings disorder to a person's life and challenges his/her adaptive capacity.
<u>Stereotypes</u>	A very simple idea or image about something.
<u>Varicose veins</u>	Twisted, bulging leg veins.

Handouts

Duplicate the following as handouts:

- Syllabus
- Vocabulary

Overhead Transparencies



Overhead - Title

More Empathetic You

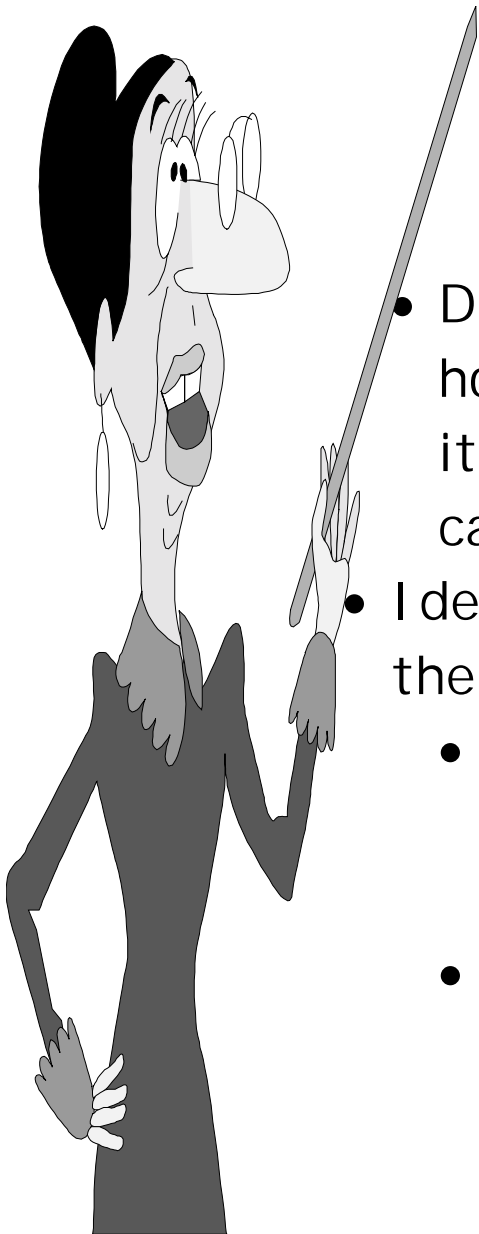
Objectives



- Describe demographic trends of older adults currently living in the United States.
- Debate the following question: when is a person old?
- Discuss how ageism affects attitudes toward older adults.
- Describe physical changes that occur as people age.
- Describe cognitive changes that occur as people age.
- Explain the importance of pacing and patience while caring for the older adult.
- Discuss the feelings that a person might have who is suddenly admitted to a nursing home

More Empathetic You

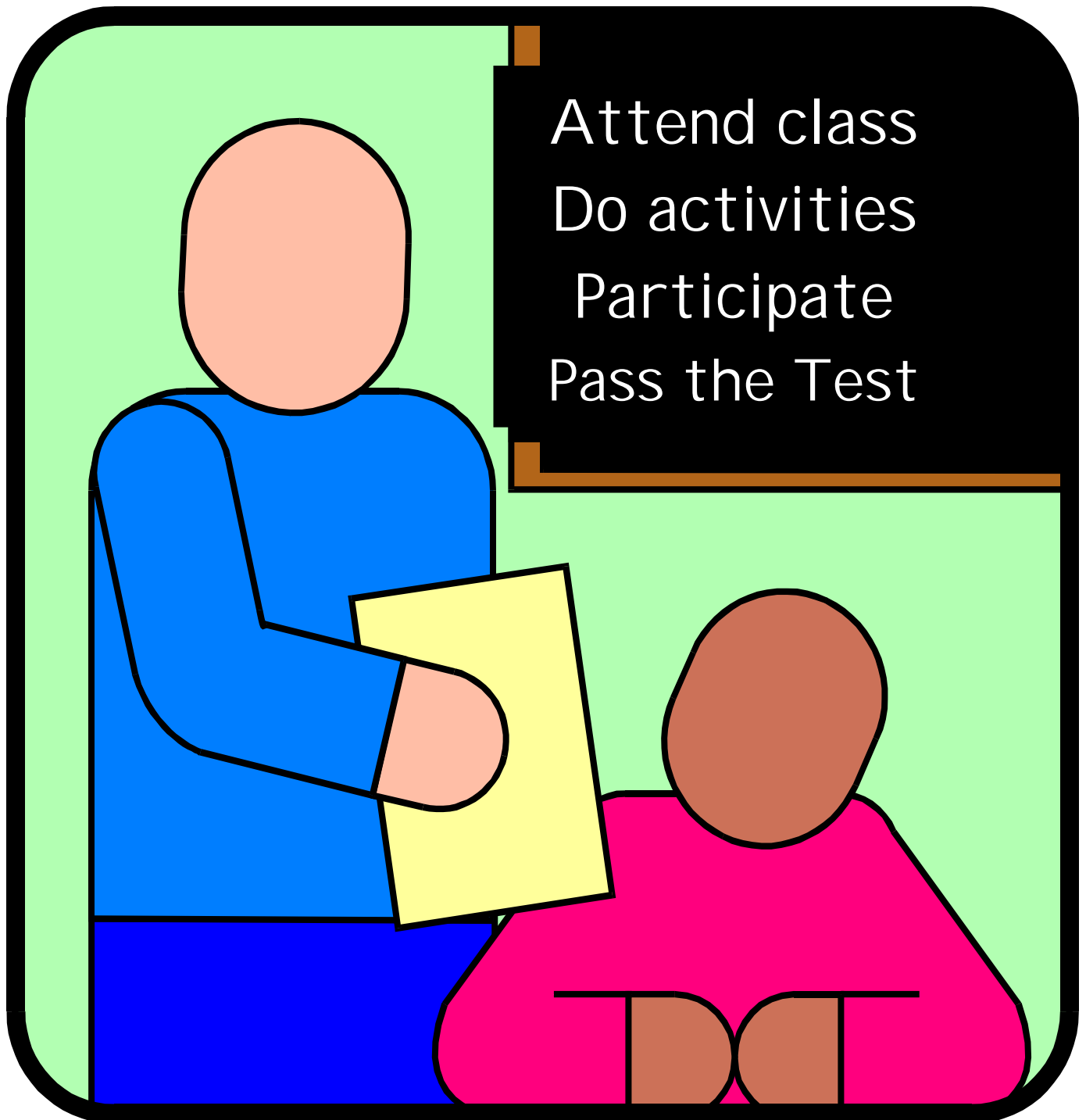
Objectives



- Recognize forms of resident abuse that may occur in a nursing home.
- Discuss the reasons behind nursing home reform legislation in 1987 and its significance to residents and caregivers in nursing homes.
- I identify ways that staff can preserve the rights of nursing home residents.
 - I identify ways that nurse aides can help a person adjust to life in a nursing home.
 - I identify the important role that you, as nurse aides have in delivering empathetic, compassionate care to persons living in a nursing home.

A More Empathetic You

Method of Evaluation



Empathy

**The ability of an individual
to understand
another person's feelings
because the individual
has had similar feelings
of his/her own;
the individual is able to
accurately understand
the perceptions and feelings
of another person and
then communicate that
understanding back
to the person.**

A More Empathetic You Curriculum Module



Part One

Objective 1: Describe demographic trends of older adults currently living in the United States.

<u>Content</u>	<u>Notes</u>
<p><i>Handout - Distribute Handout Number 1.</i></p> <p><i>Overhead - Show Overhead Number 1.</i></p> <p><u>Definition of Older Population</u></p> <p>Persons 65 years of age or older.</p> <p><u>Trends in the Older Adult Population in the United States</u></p> <p>There are more older adults than ever before.</p> <ul style="list-style-type: none">• In 1900, there were 3.1 million older persons.• In 1998, there were 34.4 million older persons.• In 1998, 5,190 people per day celebrated their 65th birthday. <p>Older adults are an increasing proportion of the population.</p> <ul style="list-style-type: none">• In 1900, the percentage of older persons making up the total population was 4.1%.• In 1998, older persons made up 12.7% of the US population.• By the year 2000, older people will make up almost 13% of the population and by the year 2030, the percentage will increase to 20% (1 in 5 people). <p>Older women outnumber older men.</p> <ul style="list-style-type: none">• In 1998, there were 20.2 million older women and 14.2 million older men.• In 1998, for every 143 older women, there were 100 men.	

Objective 1: Describe demographic trends of older adults currently living in the United States.

<u>Content (cont'd)</u>	<u>Notes</u>
<p><u>Trends in the Older Adult Population in the United States</u></p> <p>The older adult population is becoming more and more diverse in terms of racial composition.</p> <ul style="list-style-type: none">• In 1998, 16% of the total number of older people were minorities.• Of the preceding 16%, - African-Americans, 8%; Asians, 2.1%; Hispanics, 5.1%; and American Indians/ Eskimos, less than 1%.• By the year 2030, the percentage of older adults that are minorities will increase to 25%. <p>The level of education for older adults has increased.</p> <ul style="list-style-type: none">• In 1970, 28% of older people had a high school diploma.• In 1998, 67% of older persons had a high school degree and 15% had a bachelor's degree or higher. <p>Older adults vary in terms of economical security.</p> <ul style="list-style-type: none">• In 1998, the average income for older men was \$18,166 and for older women, \$10,054.• In 1998, 10.5% of older persons lived below the poverty level (older women, 12.8% and older men, 7.2%).• In 1998, 12% of older persons were in the labor force (older women, 8% and older men, 16%). <p>Family continues to be important to most older adults.</p> <ul style="list-style-type: none">• In 1998, 75% of older men and 43% of older women were married.• In 1998, 67% of older non-institutionalized persons lived in a family setting and 31% lived alone.	

Objective 1: Describe demographic trends of older adults currently living in the United States.

Content (cont'd)

Notes

Trends in the Older Adult Population in the United States

Life expectancy for older adults has increased and continues to increase.

- A child born in 1900 would have expected to live 57.5 years.
- A child born in 1997 can expect to live 76.5 years.
- The reason for the difference between 1900 and 1997 – reduced death rates for children and young adults.
- In 1997, the average person reaching age 65 could expect to live an additional 17.6 years longer [19 years for women and 15.8 years for men].

As more older adults survive, chronic illness and disabilities will increase.

- In 1996, 27% of older people stated that their health was “fair or poor” – compared to 9.2% for people of all ages.
- In 1994 - 1995, more than half of older adults reported having one or more disabilities.
- In 1996, 36.3% of older persons reported that their activities were somewhat limited because of chronic conditions.

Overhead - Show Overhead Number 2.

- In 1995, the most frequently reported conditions among older persons were: arthritis, 49%; high blood pressure, 40%; heart disease, 31%; hearing problems, 28%; orthopedic problems, 18%; and cataracts, 16%.

Objective 2: Debate the following question: when is a person old?

<u>Content</u>	<u>Notes</u>
<p><i>Handout - Distribute Handout Number 2.</i></p> <p><i>Overhead - Show Overhead Number 3.</i></p> <p><u>Definition of the Older Adult</u></p> <p>According to society, any person older than 65 years of age.</p> <p><u>Origin of the "Old Age Begins at 65" Myth</u></p> <ul style="list-style-type: none">• Began in 1935.• Government believed that age 65 would be a reasonable age to allot benefits and services.• Established age 65 as the age of eligibility for Social Security payments.• Decision was based on the labor market needs and the country's economy in the 1930's.• Demographic data and other forms of data are often reported based on 65 as the landmark for older adults.• Today, many older people are living very productive, highly functional lives. Benchmark may not be an appropriate one for current times. <p><i>Overhead - Show Overhead Number 4.</i></p> <p>People Do Not Age at the Same Rate or in the Same Way.</p> <p><u>Certain Factors Contribute to This</u></p> <ul style="list-style-type: none">• Physical (genetics, relatives);• Psychological (stressors throughout life);	

Objective 2: Debate the following question: when is a person old?	
<u>Content (cont'd)</u>	<u>Notes</u>
<p><i>Overhead - Show Overhead Number 5.</i></p> <p><u>Certain Factors Contribute to This</u></p> <p>Lifestyle (influence of drugs, nutrition, smoking);</p> <p><i>Overhead - Show Overhead Number 6.</i></p> <ul style="list-style-type: none"> • Environmental (occupation, residence); and • Social (economics or how much money the person has, education level). <p><i>Overhead - Show Overhead Number 7.</i></p> <p><u>One's Age May Be Defined/Described:</u></p> <ul style="list-style-type: none"> • Chronological age - the number of birthdays a person has had. Example, the man sitting in the corner was born in 1920 and is 80 years old. • Biological age - the degree of "wear and tear" the body has gone through along the life span. Body structures and functions "wear out" from overuse. Example, Mrs. Jones, age 70, has had problems with arthritis for five years and had to have a total knee replacement. She is "beginning to feel her age". <p><i>Overhead - Show Overhead Number 8.</i></p> <ul style="list-style-type: none"> • Functional age - the ability of a person to live in society and the degree that he/she can perform activities of daily living. Example, Mr. Norman is 80 years old, lives alone, drives a car, cooks his meals, cleans his own home, and goes bowling twice a week. 	

Objective 2: Debate the following question: when is a person old?

Content (cont'd)

Notes

One's Age May Be Defined/Described:

- Social age – the degree to which a person follows what are considered to be age-appropriate norms. Society encourages specific age groups to behave in a certain manner. Example, Uncle Billy retired when he was 65 years of age and has started receiving Social Security.

Overhead - Show Overhead Number 9.

Group Discussion – Use the following focus questions:

- *Does old age begin at 65? Why or why not?*
- *What is the best way to describe one's age? Why?*
- *When is a person old?*

Objective 3: Discuss how ageism affects attitudes toward older adults.

Content

Notes

Overhead – Show Overhead Number 10.

Definition of Ageism

The prejudices and stereotypes based on characteristics shared by only a few members of the older population, yet are applied to all older people on the basis of their age.

Origins of Ageism

The term, “ageism” was first used in 1969, by Robert Butler. Mr. Butler used the term to explain a neighborhood’s strong opposition to the building of nearby housing for older people.

Overhead – Show Overhead Number 11.

Characteristics of Ageism

- Discrimination based on one’s chronological age.
- Every 70-year old or every 80-year old is treated the same, even though people age differently.
- May be compared to racism and sexism.
- Describes behaviors and beliefs that portray older adults in a negative, inaccurate, or stereotypical way.
- Older people typically characterized as sick, feeble, opinionated, disagreeable, and living in the past.
- A belief that the person stops being a person just because he/she has lived a certain number of years.
- Symbols may include gray hair, slow gait, wrinkles, and sagging breasts.
- Age defines the person’s capability and roles.

Objective 3: Discuss how ageism affects attitudes toward older adults.

Content (cont'd)

Notes

Scope of Problem

- Ageism has been demonstrated by a variety of groups of people – college students, families, healthcare professionals, children, and even older adults.
- Traditionally and during the agricultural age, older persons were valued, respected, and obeyed. Older persons were important members of extended family and assisted on the farm, with child rearing and housekeeping. Today, people are valued for their technical skills, efficiency, productivity, and flexibility. Families are more mobile and older people often live apart from their children/ grandchildren.
- Some feel problem is decreasing due to positive portrayals of older persons in movies/television shows, general public education, and efforts of advocacy groups, such as the AARP (American Association of Retired Persons).

Overhead – Show Overhead Number 12.

Examples of Ageism

- Names – old codger, old biddy, old goat, old maid, grannie, grandpa, sweetie, wrinkled old prune, fuddy duddy.
- Terms – feeble-minded, fading fast, Geritol generation, foolish, over the hill.

Objective 3: Discuss how ageism affects attitudes toward older adults.

Content (cont'd)

Notes

Overhead – Show Overhead Number 13.

Examples of Ageism

- Statements – “She ought to act her age. What does an old man want with a sports car? That man she’s with is half her age! Are they your real teeth? I hate the thoughts of getting old and ending up in a nursing home. Old people should go ahead and retire, so young people can have good jobs to support their children. All old people have to look forward to is Social Security checks. Smart politicians go after the young vote. Old people are too old for sex.”

Overhead – Show Overhead Number 14.

Dangers of Ageism

- Widespread belief that the significant part of the person’s life is over after middle-age.
- Undermines the dignity of the older person who feels that he/she is not expected to remain physically or mentally healthy
- Often causes older people to be excluded from opportunities, such as preventing an older adult from getting a new job or forcing him/her into early retirement.
- May cause older people to be excluded from taking part in medical decision making or surgical intervention.
- Older persons may be avoided, treated disrespectful, or ignored.
- Older persons may be denied the chance to fulfill their potential as human beings.
- Policy makers or healthcare providers may be influenced by their attitudes regarding the usefulness of older people.

Objective 3: Discuss how ageism affects attitudes toward older adults.

<u>Content (cont'd)</u>	<u>Notes</u>
<p><u>Dangers of Ageism</u></p> <ul style="list-style-type: none">• Aging is viewed as an illness and not as normal development or the aging process. <p><i>Overhead – Show Overhead Number 15.</i></p> <p><u>How Nurse Aides Can Avoid Ageism</u></p> <ul style="list-style-type: none">• As a nurse aide, understand your own feelings about older persons and how these feelings may affect the care you provide.• Approach every person, regardless of age, as an individual with unique strengths, weaknesses, choices and opportunities.• Treat older people with respect and dignity. Address older people as Mr., Mrs., Miss, or Ms., unless otherwise directed. Avoid terms such as grannie, sweetie, or grandpa.• Find out as much as you can about each older person and value him/her as an individual.• Realize that older persons react differently to age-related greeting cards and age-related jokes.• Do not blame old age for fatigue, disorganization, or forgetfulness.• Educate other health care providers about ageism and its effects on the provision of health care.• As a nurse aide, understand your own feelings about older persons and how these feelings may affect the care you provide.	

Handouts

Handout #1

The Older Population

Definition: Persons 65 years of age or older.

Trends in the Older Adult Population in the United States

#1. There are more older adults than ever before.

- 3.1 million older persons (1900)
- 34.4 million older persons (1998)
- 5,190 people per day celebrated their 65th birthday (1998)

Older adults are an increasing proportion of the population.

- Percentage of older persons making up the total population was 4.1% (1900).
- Older persons made up 12.7% of the US population (1998)
- By the year 2000, older people will make up almost 13% of the population and by the year 2030, the percentage will increase to 20% (1 in 5 people).

#2. Older women outnumber older men.

- 20.2 million older women and 14.2 million older men (1998)
- For every 143 older women, there were 100 men (1998)

#3 The older adult population is becoming more and more diverse in terms of racial composition.

- 16% of the total number of older people were minorities (1998)
- The 16% included
 - African-Americans, 8%;
 - Asians, 2.1%;
 - Hispanics, 5.1%; and
 - American Indians/ Eskimos, less than 1%.
- By the year 2030, the percentage of older adults that are minorities will increase to 25%.

#4. The level of education for older adults has increased.

- In 1970, 28% of older people had a high school diploma.
- In 1998, 67% of older persons had a high school degree and 15% had a bachelor's degree or higher.

#5. Older adults vary in terms of economical security.

- In 1998, the average income for older men was \$18,166 and for older women, \$10,054.
- In 1998, 10.5% of older persons lived below the poverty level (older women, 12.8% and older men, 7.2%).
- In 1998, 12% of older persons were in the labor force (older women, 8% and older men, 16%).

#6. Family continues to be important to most older adults.

- In 1998, 75% of older men and 43% of older women were married.
- In 1998, 67% of older non-institutionalized persons lived in a family setting and 31% lived alone.

#7. Life expectancy for older adults has increased and continues to increase.

- A child born in 1900 would have expected to live 57.5.
- A child born in 1997 can expect to live 76.5.
- The reason for the difference between 1900 and 1997 – reduced death rates for children and young adults.
- In 1997, the average person reaching age 65 could expect to live an additional 17.6 years longer [19 years for women and 15.8 years for men].

#8. As more older adults survive, chronic illness and disabilities will increase.

- In 1996, 27% of older people stated that their health was “fair or poor” – compared to 9.2% for people of all ages.
- In 1994 - 1995, more than half of older adults reported having one or more disabilities.

#8. As more older adults survive, chronic illness and disabilities will increase.

- In 1996, 36.3% of older persons reported that their activities were somewhat limited because of chronic conditions.
- In 1995, the most frequently reported conditions among older persons were:
 - arthritis, 49%;
 - high blood pressure, 40%;
 - heart disease, 31%; hearing problems, 28%;
 - orthopedic problems, 18%; and
 - cataracts, 16%.

Handout #2

Old Age - Its Beginning & Ageism

Definition of the Older Adult

Any person older than 65 years of age (society's definition).

Origin of the "Old Age Begins at 65" Myth

- Began in 1935.
- Government believed that age 65 would be a reasonable age to allot benefits and services.
- Established age 65 as the age of eligibility for Social Security payments.
- The 1930's decision based on:
 - Labor market needs and
 - Country's economy
- Demographic data/other data often reported based on 65 as the landmark for older adults.
- Today, many older people are living very productive, highly functional lives.
- Benchmark may not be an appropriate one for current times.

People Do Not Age at the Same Rate or in the Same Way - Certain Factors Contribute to This:

- Physical - genetics, relatives;
- Psychological - stressors;
- Lifestyle - influence of drugs, nutrition, smoking;
- Environmental - occupation, residence; and
- Social - how much money the person has, education level.

Age May Be Defined/Described:

- Chronological
 - The number of birthdays a person has had.
 - Example, the man sitting in the corner was born in 1920 and is 80 years old.
- Biological
 - Degree of "wear and tear" the body has gone through along the life span.
 - Body structures and functions "wear out" from overuse.

- Biological (cont.)
 - Example, Mrs. Jones, age 70, has had problems with arthritis for five years and had to have a total knee replacement. She is “beginning to feel her age”.
- Functional age
 - Ability of a person to live in society
 - Degree that a person can perform activities of daily living
 - Example, Mr. Norman is 80 years old, lives alone, drives a car, cooks his meals, cleans his own home, and goes bowling twice a week.
- Social age
 - Degree to which a person follows age-appropriate norms
 - Society encourages specific age groups to behave in a certain manner
 - Example, Uncle Billy retired when he was 65 years of age and has started receiving Social Security

Ask Yourself the Following:

- *Does old age begin at 65? Why or why not?*
- *What is the best way to describe one's age? Why?*
- *When is a person old?*

Definition of Ageism

The prejudices and stereotypes based on characteristics shared by only a few members of the older population, yet are applied to all older people on the basis of their age.

Origins of Ageism

- “Ageism” first used in 1969, by Robert Butler
- Term used to explain a neighborhood's strong opposition to the building of nearby housing for older people.

Characteristics of Ageism

- Discrimination based on chronological age.
- Every 70-year old or every 80-year old treated the same, even though people age differently.
- Compared to racism and sexism.
- Behaviors and beliefs portray older adults in a negative, inaccurate, or stereotypical way.
- Older people typically characterized as sick, feeble, opinionated, disagreeable, and living in the past.
- Belief that person stops being a person just because he/she has lived a certain number of years.
- Symbols include gray hair, slow gait, wrinkles, and sagging breasts.
- Age defines the person's capability and roles.

Scope of Problem

- Ageism demonstrated by varieties of people – college students, families, healthcare professionals, children, and even older adults.
- Traditionally/during agricultural age, older persons valued, respected/obeyed. Important members of extended family; assisted on farm, with child rearing, and housekeeping. Today, people valued for technical skills, efficiency, productivity, flexibility. Families more mobile and older people often live apart from children/grandchildren.
- Problem may be decreasing due to positive portrayals of older persons in movies/television shows, education, and efforts of advocacy groups, such as the AARP (American Association of Retired Persons).

Examples of Ageism

- Names – old codger, old biddy, old goat, old maid, grannie, grandpa, sweetie, wrinkled old prune, fuddy duddy.
- Terms – feeble-minded, fading fast, Geritol generation, foolish, over the hill.
- Statements – “She ought to act her age. What does an old man want with a sports car? That man she's with is half her age! Are they your real teeth? I hate the thoughts of getting old and ending up in a nursing home. Old people should go ahead and retire, so young people can have good jobs to support their children. All old people have to look forward to is Social Security checks. Smart politicians go after the young vote. Old people are too old for sex.”

Dangers of Ageism

- Belief that the significant part of the person's life is over after middle-age.
- Undermines dignity of the older person feels he/she not expected to remain physically/mentally healthy
- May cause older people to be excluded from opportunities (preventing older adult from getting new job, forcing him/her into early retirement)
- May cause older people be excluded from medical decision making/surgical intervention.
- Older persons may be avoided, treated disrespectful, ignored.
- Older persons may be denied chance to fulfill potential
- Policy makers or healthcare providers may be influenced by attitudes regarding usefulness of older people.
- Aging viewed as illness - not as normal development or the aging process.

How Nurse Aides Can Avoid Ageism

- Understand own feelings about older persons and how feelings affect care
- Approach every person as individual with unique strengths, weaknesses, choice, opportunities.
- Treat with respect, dignity. Address as Mr., Mrs., Miss, or Ms., unless otherwise directed. Avoid terms such as grannie, sweetie, or grandpa.
- Find out about each older person - value him/her as an individual.
- Older persons react differently to age-related greeting cards/jokes.
- Do not blame old age for fatigue, disorganization, forgetfulness.
- Educate health care providers about ageism and its effects
- Understand own feelings about older persons and how feelings may affect care

Overhead Transparencies

The Older Adult

Defined – a person 65 years of age or older

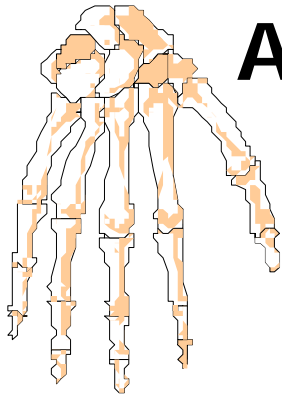
65

Trends Related to the Older Adult

- More living in the U.S. than ever before
- More women than men
- More diverse
- More educated
- Wide range of economical security
- Importance of family
- Living longer
- Increase in chronic illness/disabilities

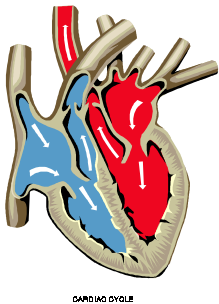
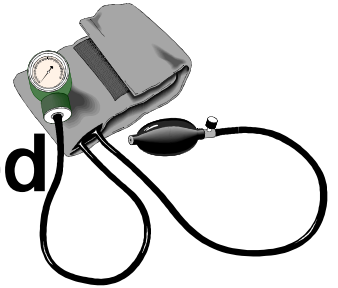


Chronic Illness/Disabilities Among Older Persons



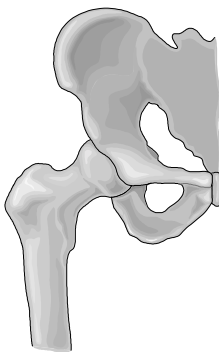
Arthritis

**High Blood
Pressure**

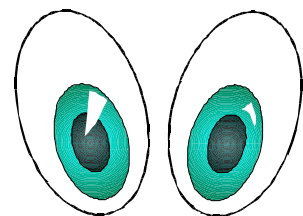


**Heart
Disease**

**Hearing
Problems**



**Orthopedic
Problems**



Cataracts

Definition of the Older Adult

Society's definition → any person older than 65 years of age.

"Old Age Begins at 65" Myth

- Began in 1935 by the government
- Age 65 became the age of eligibility for Social Security payments
- Based on the labor market needs and the country's economy in the 1930's
- Is the landmark for older adults
- Today, many older people are living very productive, highly functional lives.

A large, stylized number '65' in a vibrant purple color with a thick blue outline. The numbers are slightly tilted and have a soft shadow effect, giving them a three-dimensional appearance.

People Do Not Age at the Same Rate or in the Same Way

WHY?



Physical Factors

**Psychological
Factors**



People Do Not Age at the Same Rate or in the Same Way

WHY?



Lifestyle

Factors



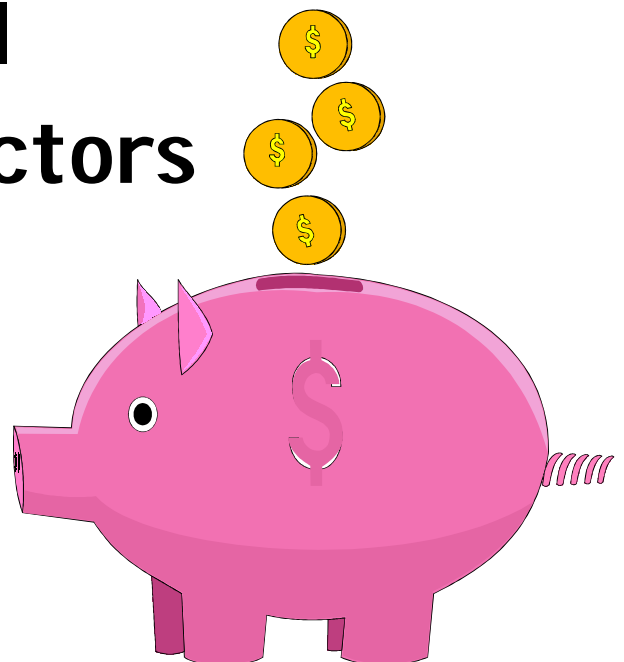
People Do Not Age at the Same Rate or in the Same Way - WHY?



Environmental



**Social
Factors**



Descriptions of Age

Chronological:

*the number of
birthday candles
on a person's cake*



Biological:

the degree of the body's
"wear and tear"



Descriptions of Age

Functional Age:

The person's ability to live in society.



Social Age:

Based on age-appropriate norms

Group Discussion

- Does old age begin at 65?
Why or why not?
- What is the best way to describe one's age? Why?
- When is a person old?



Definition of Ageism

The prejudices and stereotypes based on characteristics shared by only a few members of the older population, yet are applied to all older people on the basis of their age.



Origins of Ageism

- Term first used in 1969
- Used to explain opposition to the building of housing for older people.

Characteristics of Ageism

- Discrimination based on one's age
- Every older person is treated the same
- Compared with racism and sexism
- Older adults portrayed negatively and falsely
- Examples – old people are sick, feeble, opinionated, disagreeable, and live in the past
- Symbols – gray hair, slow gait, wrinkles, sagging breasts.



Scope of Problem

- Widespread among variety of groups
- Older adults greatly valued during agricultural age; today being old is valued much, much less.

Examples of Ageism

Old Codger

Old Biddy

Foolish

Old Maid

Grannie

Old Goat

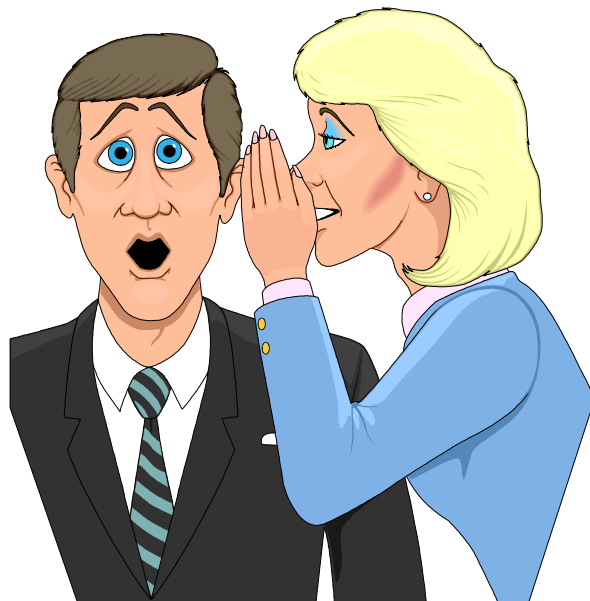
Sweetie

Wrinkled Old

Prune

Fuddy
Duddy

**She ought to act her
age. That man she is
with is half her age.
Old people are
too old for sex.**



Dangers of Ageism



Belief that person's life is over after middle-age

Older People May:

- Not be treated with dignity
- Be excluded from opportunities
- Be avoided or ignored
- Be denied to fulfill potential
- Be viewed as useless

Aging is viewed as an illness and not as normal development or the aging process

Avoiding Ageism

Understand your feelings about older people and how those feelings can affect the care you provide.

Educate others about ageism.

Don't blame old age for being tired, being disorganized, or being forgetful

Value each older person as an individual.

Approach every person, regardless of age, as an individual with unique strengths, weaknesses, choices, and opportunities.

Treat older people with respect and dignity. Use Mrs., Mr., or Miss, unless otherwise directed.

Don't use such terms as Grannie, Sweetie, or Grandpa

A More Empathetic You Curriculum Module



Part Two

Objective 4: Describe physical changes that occur as people age.

<u>Content</u>	<u>Notes</u>
<p><i>Written Activity - Distribute and instruct nurse aides to complete Written Activity #1, What Am I /Will I Be Like? (3 Parts)</i></p> <p><i>Discussion - Encourage nurse aides to share their answers to Written Activity #1, What Am I /Will I Be Like?</i></p> <p><i>Handout - Distribute Handout Number 1.</i></p> <p><i>Overhead - Show Overhead Number 1</i></p> <p><u>Physical Changes in the Integumentary System</u></p> <ul style="list-style-type: none">• Skin changes are one of the 1st noticed. Becomes dry, thin, flaky, wrinkled and flabby. Crows feet and laugh lines appear. Face seems to sag. Reason – loss of fat tissue, gravity,• Men tend to lose hair, especially if parents have hair loss.• Hair often becomes dry and turns gray because of a loss of hair pigmentation, especially if parents have graying of hair.• Small, brown pigmented freckles called lentigines (or liver spots) appear on hands, arms, face, or other areas Reason – exposure to sun and weather. <p><i>Overhead - Show Overhead Number 2.</i></p> <ul style="list-style-type: none">• Bruise more easily. Reason – fragile capillaries.• Nails thicken and become more brittle. Reason – poor circulation to arms and legs.• Teeth may be lost, gums recede, and teeth loosen. Reason – neglected oral hygiene or a shrinking jaw bone.	

Objective 4: Describe physical changes that occur as people age.

<u>Content</u>	<u>Notes</u>
<p><u>Physical Changes in the Integumentary System (cont.)</u></p> <ul style="list-style-type: none">• Ability to sweat decreases in hot weather and inability to lose heat as well. Reason – blood vessels in skin dilate slowly and sweating mechanism is not as effective.• Skin feels cool to touch. Reason – decreased circulation.• Feet may turn purple or blue when seated or standing. Reason – impaired arterial circulation.• Legs may become swollen. Reason – twisted, bulging veins in legs (varicose veins)• Harder time getting warm in winter. Reason – metabolism has slowed <p><i>Overhead - Show Overhead Number 3.</i></p> <p><u>Physical Changes in the Cardiovascular/Respiratory System</u></p> <ul style="list-style-type: none">• Changes in vital signs occur, including increased blood pressure and irregularity in pulse. Reason – Aorta and arteries stiffen and become less flexible, plus a decrease in cardiac output.• Shortness of breath upon exertion and decreased efficiency with demands of activity and exercise. Reason – aorta and arteries stiffen and become less flexible, plus a decrease in vital capacity.• Orthostatic hypotension occurs. Reason – blood vessels do not respond as quickly to change in positioning of the body.	

Objective 4: Describe physical changes that occur as people age.

<u>Content</u>	<u>Notes</u>
<p><i>Overhead - Show Overhead Number 4.</i></p> <p><u>Physical Changes in the Musculoskeletal System</u></p> <ul style="list-style-type: none">• Decrease in height and a curve to the back (kyphosis). Reason – compression of discs between the vertebrae, weakening of chest muscles.• Walks or stands with a wider stance. Reason – change in center of gravity due to decrease in height and curve to the back.• Hips and knees are usually flexed plus stiffening in weight bearing joints and decrease in range of motion. Reason – breakdown in connective tissue.• Muscles atrophy. Reason – loss of muscle fiber.• Muscles of arms and legs become flabby and thin. Reason – loss of muscle fiber.• May be physical limitations. Reason – disuse.• Arthritis (stiff joints, limits in movement, deformity) is common.• Osteoporosis (loss of bone mass) is common among women. <p><i>Overhead - Show Overhead Number 5.</i></p> <p><u>Physical Changes in Gastrointestinal System</u></p> <ul style="list-style-type: none">• Increased problems with constipation and flatulence (gas). Reason – peristalsis slows and cells or colon atrophy.• Increase in indigestion. Reason – less stomach acid is produced and absorption of foods decrease.• Decrease in taste buds. Reason – wear and tear plus atrophy.• Saliva production decreases.• Increased risk for aspiration. Reason – food remains in the esophagus longer and gag reflex is weaker.	

Objective 4: Describe physical changes that occur as people age.

<u>Content</u>	<u>Notes</u>
<p><u>Physical Changes in the Reproductive System</u></p> <ul style="list-style-type: none">• Women's breasts lose suppleness and hang flat against their chest walls. Reason – breast tissue atrophies and gravity.• Men's breasts may grow. Reason – decrease in testosterone level.• Menopause occurs in women. Reason: hormonal changes.• The female vagina becomes shorter and narrower. Reason – cellular atrophy, decrease in elasticity and vascularity. <p><i>Overhead - Show Overhead Number 6.</i></p> <p><u>Physical Changes in the Urinary Tract</u></p> <ul style="list-style-type: none">• Women may develop leakage of the urine during coughing, sneezing, laughing, or lifting (stress incontinence). Reason: stretched ligaments and muscles during pregnancy cause bladder to drop plus pelvic floor muscles weaken.• Increase in trips to the bathroom to urinate. Reason: bladder capacity decreases and the male prostate enlarges due to hormonal changes.• Men have increase in trips to the bathroom at night to urinate. Reason: prostate gland blocks the complete emptying of urine.• Both sexes may leak urine (urge incontinence). Reason: bladder capacity decreases, male prostate enlarges.	

Objective 4: Describe physical changes that occur as people age.

<u>Content</u>	<u>Notes</u>
<p><i>Overhead - Show Overhead Number 7.</i></p> <p><u>Physical Changes in Vision</u></p> <ul style="list-style-type: none">• Loss of visual acuity for near usually vision begins at age 40 (presbyopia). Reason – cellular degeneration and decrease in elasticity of lens.• Many develop cataracts. Reason – lens becomes cloudy and hardens.• Ability to see in dim light, ability to detect moving objects, glare, and peripheral vision difficulties often begin at age 50. Difficulty in driving at night begins. Reason – lens becomes dense and pupil size decreases.• Many wear glasses. <p><u>Physical Changes in Hearing</u></p> <ul style="list-style-type: none">• Decrease in ability to hear high-frequency tones first. Decrease in ability to hear low-frequency tones between ages of 60 and 70. Reason – environmental noise.• Some wear hearing aides. <p><u>Physical Changes in Touch</u></p> <ul style="list-style-type: none">• Decrease in sensitivity to heat, cold, and pressure. Reason – decrease in circulation to the skin. <p>Discussion – Based on what has been learned in class, ask nurse aides to determine how accurate they drew themselves at age 75?</p>	

Objective 5: Describe cognitive changes that occur as people age.

<u>Content</u>	<u>Notes</u>
<p><i>Overhead - Show Overhead Number 8.</i></p> <p><i>Overhead - Show Overhead Number 9.</i></p> <p><i>Handout - Distribute Handout Number 2.</i></p> <p><u>Cognition</u></p> <ul style="list-style-type: none">• Defined – the manner in which messages from the five senses are changed, stored in memory, recovered from memory, and later used to answer questions, respond to requests, and perform tasks.• Healthy older adults do not have a notable decrease in cognitive ability and are able to learn new information.• Cognitive function is related to use. It is important for an older person “to use his/her brain or lose it”. The ability to think or problem-solve remains sharp, especially for usual situations and familiar experiences. He/she generally remains as intelligent and creative as ever. <p><i>Overhead - Show Overhead Number 10.</i></p> <p><u>Learning</u></p> <ul style="list-style-type: none">• Defined – is the gaining of information, skills, and knowledge measured by an improvement in some obvious response.• The ability to learn remains throughout life.• Depends on the person's memory. Memory involves the storing of information in the brain for later use and the ability to recall the information when needed.	

Objective 5: Describe cognitive changes that occur as people age.

<u>Content</u>	<u>Notes</u>
<p><i>Overhead - Show Overhead Number 11.</i></p> <p><u>Learning</u></p> <ul style="list-style-type: none">• Older adults learn things easier and better when they can set their own pace. <p><i>Overhead - Show Overhead Number 12.</i></p> <p><u>As a person ages,</u></p> <ul style="list-style-type: none">• The size of neurons (brain cells) progressively decrease.• Total brain mass decreases.• Physiological/psychological responses slow down.• Increased learning time needed for new activities. More difficulty in learning motor skills.• Processing, response time and reaction time decrease, making fast-paced instruction hard. More deliberate, less frequent responses and less effective performance when pace is fast - particularly in stressful/unfamiliar surroundings. <p><i>Overhead - Show Overhead Number 13.</i></p> <ul style="list-style-type: none">• Slow with tasks when response speed is needed.• Cannot adapt as well, especially in stressful/unfamiliar environments and with impaired senses.• Easily confused when too many changes or losses happen at one time or when moved to a different environment.• Mild short-term memory loss often occurs (forgetting names, misplacing items, poor recall of recent conversations).	

Objective 5: Describe cognitive changes that occur as people age.

Content

Notes

As a person ages (cont.),

Overhead – Show Overhead Number 14

- Motivation to learn decreases
- Feels threatened more when declining cognitive abilities may be publicly demonstrated.
- Difficulties in doing more than one task or dealing with more than one request at a time occur. Unable to ignore irrelevant stimuli.
- Has selective attention processes and the capacity to disregard irrelevant information decreases.

Objective 6: Explain the importance of pacing and patience while caring for the older adult.

Content

Notes

Simulation & Written Activity #2- Review Instructor's Guide and follow instructions.

Ask the group to describe the workload of nurse aides.

Overhead - Show Overhead Number 15.

Workload of the Nurse Aide

Tend to have a lot to do in a short period of time. When working with older adults, nurse aides may unintentionally quicken their pace and expectations as they get pressed for time.

Instructor: Ask the group how this fast pace may affect the older adult. Ask the group how they felt when they were rushed during the test?

Overhead - Show Overhead Number 16.

Effects of a Fast Pace on Older Adults

It can negatively effect the older adult's ability to learn something new, perform a task, or maintain his/her motivation to complete an activity.

Older people tend to be more cautious and less willing to respond quickly in situations where they think they might fail. Some may choose not to even do a task because they are afraid of failure.

Objective 6: Explain the importance of pacing and patience while caring for the older adult.

<u>Content</u>	<u>Notes</u>
<p><u>Social Breakdown Syndrome</u></p> <ul style="list-style-type: none">• May occur if the older adult is rushed too much and not allowed enough time to begin to do tasks, respond to requests, or answer questions.• The older adult will likely keep quiet and not ask for a slower pace. He/she tends to blame his/herself for not being able to "keep up" and then become frustrated.• He/she gradually begins to feel incompetent and has a decrease in his/her self-esteem.• The older adult may give up doing things for him/herself leading to dependence and helplessness.• He/she is often labeled as slow and unable to "pull his/her own weight" in society.• Living in an advanced, high technological society, where everything and everyone is functioning at a high rate of speed, leads to lower self-esteem among the older adult population. Society becomes impatient with those who cannot keep up. <p><i>Overhead - Show Overhead Number 17.</i></p> <p><u>Reaction Time</u></p> <p>Defined - the time it takes for a person to begin an answer or a movement after someone asks him/her a question or makes a request.</p> <ul style="list-style-type: none">• Changes in reaction time vary from person to person.	

Objective 6: Explain the importance of pacing and patience while caring for the older adult.

<u>Content</u>	<u>Notes</u>
<p><u>Reaction Time (cont.)</u></p> <ul style="list-style-type: none">• Reaction time decreases gradually after age 60 (it takes longer for the person to begin with an answer or to start a movement), especially when the older adult has to:<ul style="list-style-type: none">- Make a choice or- Change movement from one direction to another.• Impaired by the aging process, sensory deficits, or chronic disease.• Important that people who work with the older adult<ul style="list-style-type: none">- Be aware of changes in reaction time and pace themselves accordingly.- Develop an understanding of ways to help the older adult make up for their slowed reaction time. <p><i>Overhead - Show Overhead Number 18.</i></p> <p><u>Pacing and Patience</u></p> <p>Definition of pacing - the awareness and adjustment of one's nursing care based on how slow or how fast a person is functioning.</p> <p>Definition of patience - the ability to put up with slowness, delay, or boredom without complaining or appearing rushed.</p> <p>Pacing and patience can be used to offset the effects of an older adult's slowed reaction time.</p>	

Objective 6: Explain the importance of pacing and patience while caring for the older adult.

<u>Content</u>	<u>Notes</u>
<p><i>Overhead – Show Overhead Number 19.</i></p> <p><u>Pacing and Patience (cont.)</u></p> <p>When allowed to take their time and set their own pace, Older adults:</p> <ul style="list-style-type: none">• Are better able to perform tasks or learn new things,• Have time to use their physical and physiological assets to respond to the best of their abilities.• Feel better about themselves, feel competent, and feel more in control. <p><i>Overhead - Show Overhead Number 20.</i></p> <p>By using pacing and patience, Nurse Aides:</p> <ul style="list-style-type: none">• Can make their interactions with older adults more meaningful and effective• Can help older adults maintain their independence. <p><i>Overhead – Show Overhead Number 21.</i></p> <p><u>How nurse aides can use pacing and patience to better care for the older adult with a slowed reaction time:</u></p> <ul style="list-style-type: none">• Slow down the pace when working with older adults.• Let the older adult set his/her own pace.• Ensure that the older adult is wearing his/her hearing aid and/or glasses before beginning a task.• Tell them ahead of time about the task.• Allow time for the older adult to get his/her attention focused on the task or question.	

Objective 6: Explain the importance of pacing and patience while caring for the older adult.

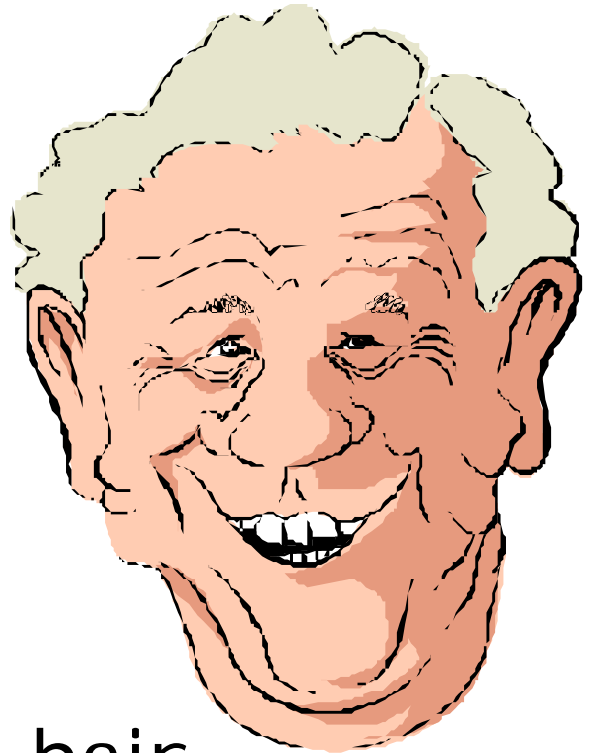
<u>Content</u>	<u>Notes</u>
<p><i>Overhead – Show Overhead Number 22.</i></p> <p><u>How nurse aides can use pacing and patience to better care for the older adult with a slowed reaction time (cont.):</u></p> <ul style="list-style-type: none">• Allow time for the older adult to think about what has been said.• Give clear, short, easy instructions that are based on what the person already knows.• Relate new information or tasks with past experiences.• Use simple words that the older adult understands.• Show the older adult what you want him/her to do.• If something has just been learned, allow the older adult to look at equipment (if equipment is used).• Praise the older adult when a task is done.	

Overhead Transparencies

Integumentary System:

Physical Changes of Skin

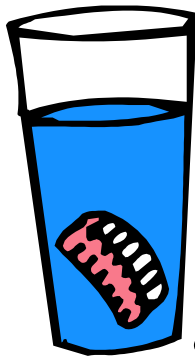
- One of the 1st noticed
- Dry, thin, flaky, wrinkled, flabby
- Crows feet and laugh lines
- Face seems to sag
- Men tend to lose hair
- Hair becomes dry & turns gray
- Liver spots appear



Integumentary System:

Physical Changes

- Easily bruises
- Nails thicken & become more brittle



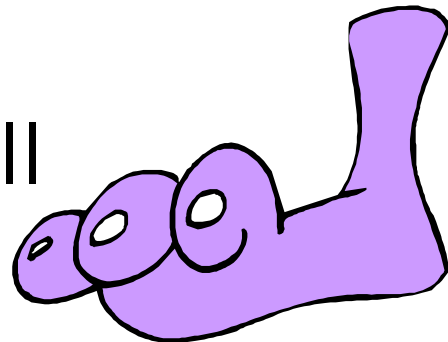
- May lose teeth, gums recede



- Sweat decreases,

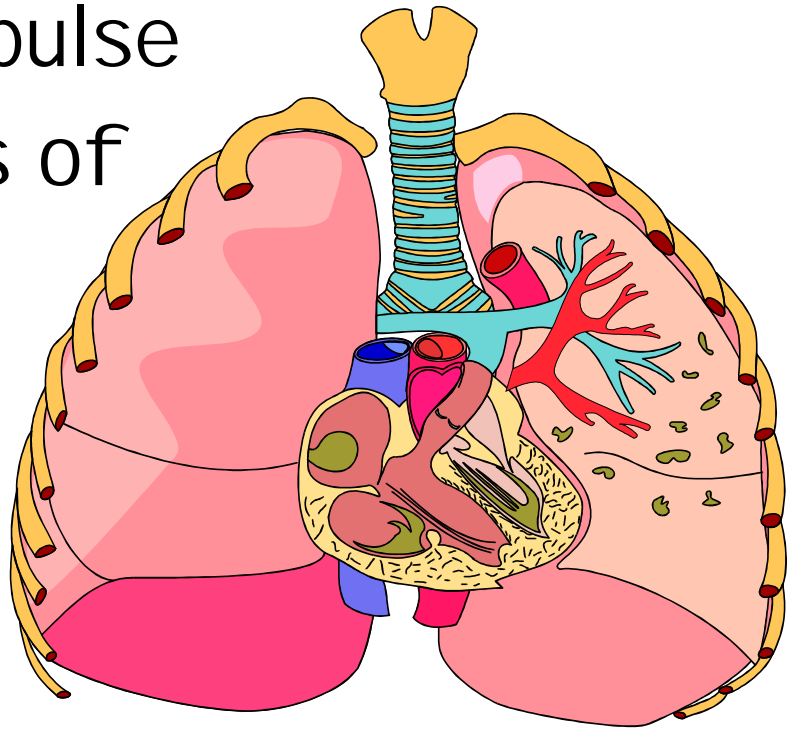
skin feels cool to touch

- Hard time getting warm
- Feet may turn purple or blue
- Legs may swell



Cardiovascular & Respiratory System: Physical Changes

- ↑ Blood pressure & irregular pulse
- Shortness of breath with activity
- ↓ blood pressure upon rising



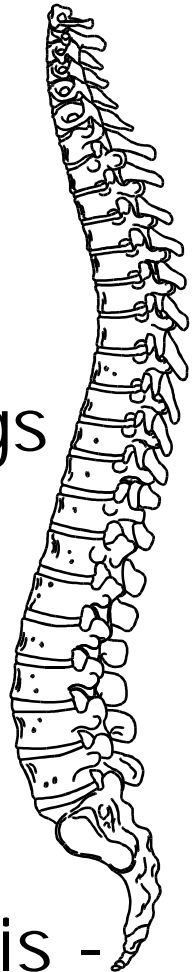
Musculoskeletal System:

Physical Changes

- ↓ in height, ↑ curving of back
- Wider stance
- Hips & knees usually flexed
- Stiff weight bearing joints
- ↓ in range of motion with limits
- ↑ flab & thinning of arms/legs
- Hips & knees flexed
- Stiffening in weight bearing joints
 - Muscles atrophy
- Arthritis & osteoporosis - common

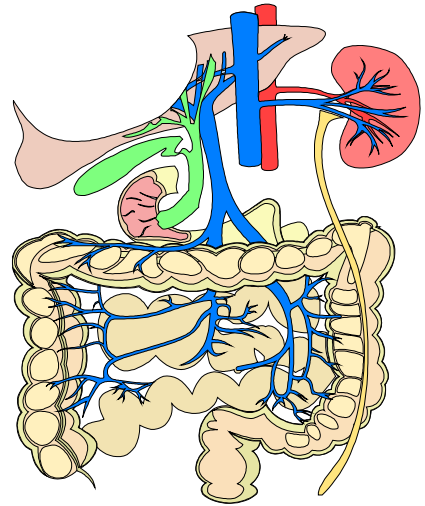


femur



Gastrointestinal System: Physical Changes

- ↑ constipation & gas
- ↑ indigestion
- ↓ in taste buds
- ↓ in saliva
- ↑ risk for aspiration



Reproductive System: Physical Changes

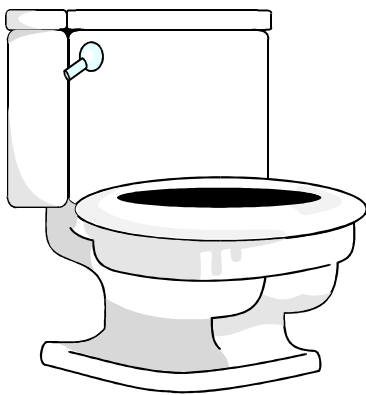
- Women's breasts sag
- ↑ in some men's breasts
- Menopause occurs
- Female vagina shortens and narrows

Urinary System: Physical Changes

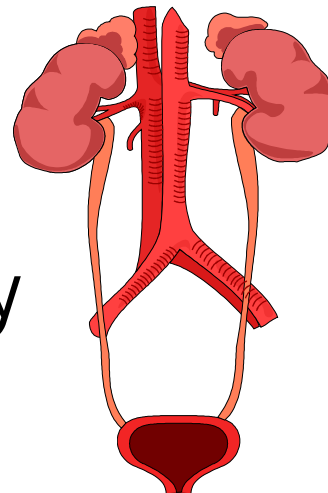
- Women may leak urine during coughing, sneezing, laughing

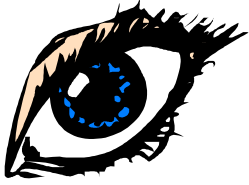


- Men may have ↑ trips to bathroom to urinate



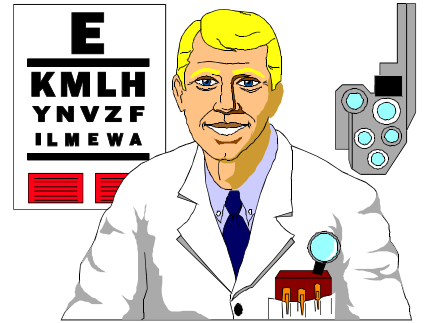
- Men & women may leak urine due to inability to delay voiding





Vision: Physical Changes

- ↓ in near vision
- ↓ ability to see in dim light & problems with glare moving objects, peripheral vision
- May have cataracts
- May wear glasses



Hearing: Physical Changes

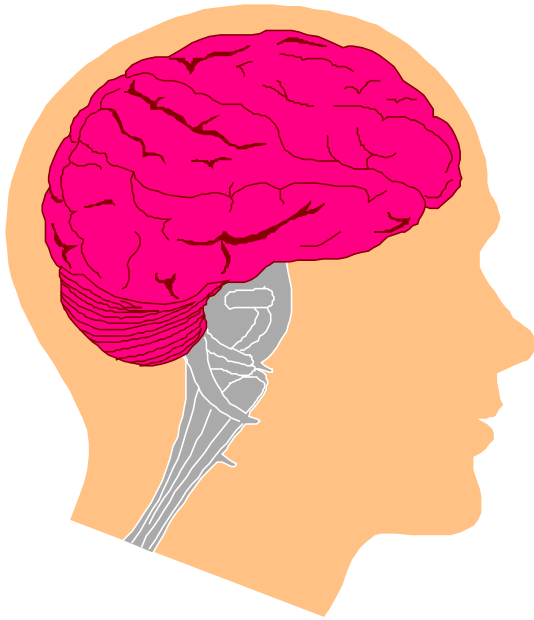
- ↓ in ability to hear high-frequency tones first, then low-frequency
- Some may need hearing aides



Touch: Physical Changes

- ↓ in sensitivity to heat, cold, pressure



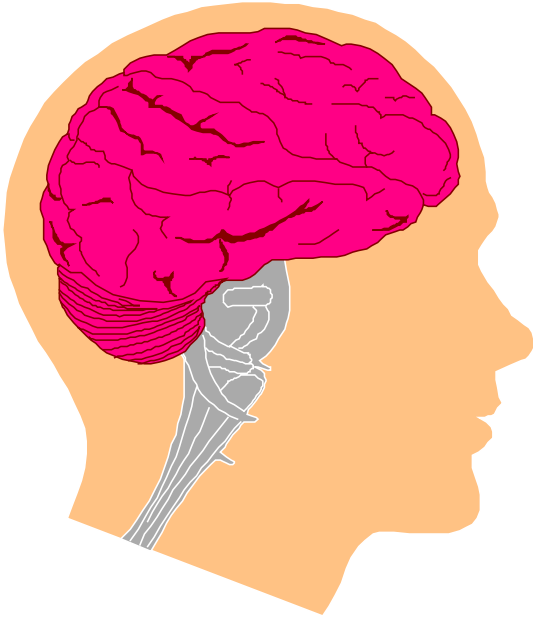


Cognition

The way that
messages
from the 5
senses are

changed,
stored in memory,
recovered from memory,
and later used to

- answer questions,
- respond to requests, and
- perform tasks.



Cognition

Healthy adults do not have a ↓ in cognitive ability & are able to learn new information.

Cognitive function is related to use.
The older adult must

“use it or lose it.”

The ability to think and solve problems remains sharp. He/she remains as smart & creative as ever.

Learning

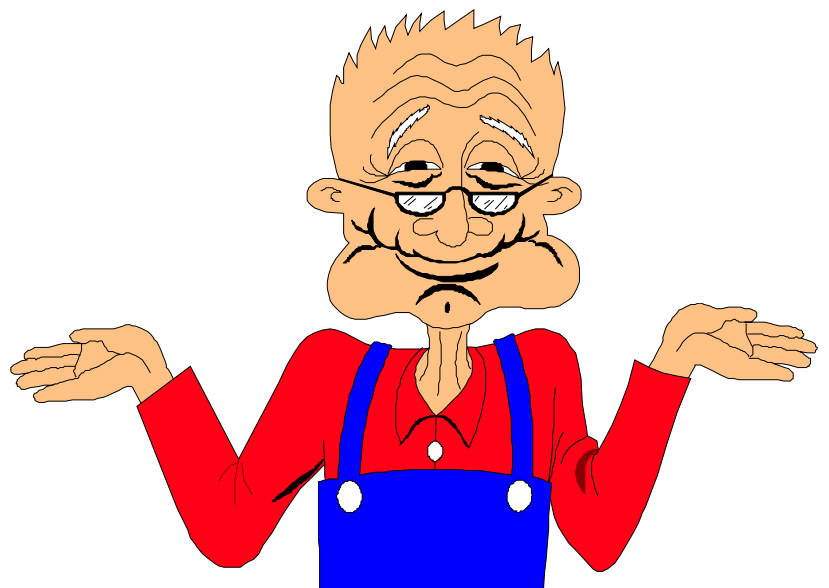
**The gaining of information,
skills & knowledge
measured by
improvement
in a response**

***The ability to
learn remains
throughout
life & depends
on the person's
memory.***



And Remember. . .

**OLDER ADULTS LEARN
THINGS EASIER AND
BETTER WHEN THEY
CAN SET THEIR OWN
PACE!**



Cognition & Learning As a Person Ages

- The size of brain cells ↓
- Total brain mass ↓
- Responses slow down
- \leq learning time needed
- Processing, response time & reaction time ↓
- Fast-paced instruction is difficult



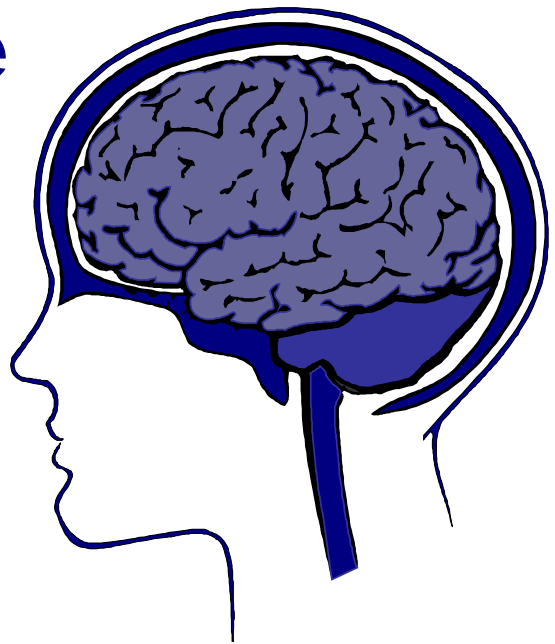
Cognition & Learning As a Person Ages

- Slower with tasks when rushed
- Can't adapt well & easily confused
 - When stressed,
 - In unfamiliar surroundings,
 - During too many changes,
 - When senses are impaired.
- Often forgets names, misplaces items, & poor recall of recent information

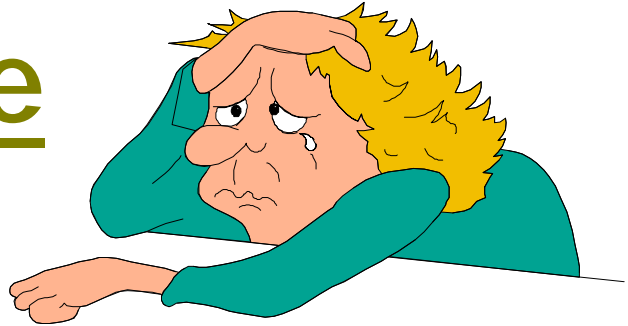


Cognition & Learning As a Person Ages

- ↓ motivation to learn
- Feels threatened when cognitive abilities may be seen by others
- Has hard time
 - Doing more than one task
 - Dealing with more than one request
 - Ignoring other things that are not important



Workload of the Nurse Aide



They have a lot to
do in a short period
of time!!!!



*And when working
with older adults,
they may hurry
their pace &
expectations as
they get pressed
for time.*



Effects of a Fast Pace on an Older Adult:

It can negatively effect
the older adult's ability:

- *to learn something new,
- *to perform a task,
- *to maintain motivation
to complete an activity &
- *to respond quickly for
fear of failure, &
- *social breakdown.

Reaction Time

The time it takes for a person to begin an answer or a movement after someone asks a questions or makes a request.

Reaction time decreases after age 60 when the older adult has to:



- Make a choice
- Change movement from one direction to another

Reaction time is impaired by aging, deficits in the 5 senses, and chronic disease.

Patience

The ability to put up with slowness, delay, or boredom without complaining or appearing rushed.

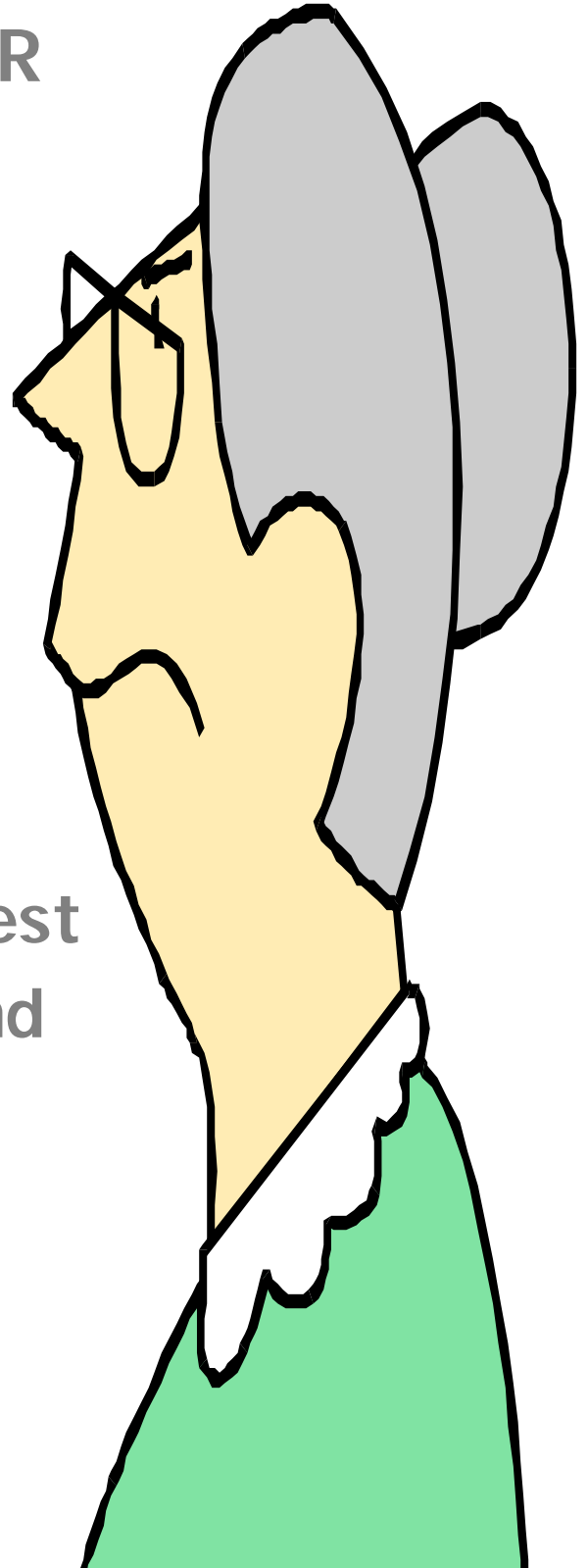
Pacing

To be aware of & adjust one's care based on how slow or how fast a person is performing.

Pacing & patience can be used to offset the effects of an older adult's slowed reaction time.

WHEN ALLOWED TO TAKE THEIR TIME & SET THEIR OWN PACE, OLDER ADULTS. . .

- Are better able to perform tasks or learn new things;
- Have time to use their physical & psychological assets to respond to the best of their abilities; and
- Feel better about themselves, feel competent & feel more in control.



BY USING PATIENCE & PACING, NURSE AIDES



- Can make their interactions with older adults more meaningful/ effective &
- Can help older adults maintain their independence

Using Pacing and Patience to Better Care for the Older Adult

- *Slow down the pace.
- *Let the older adult set his/her own pace.
- *Ensure that hearing aid and/or glasses are in place before beginning a task.
- *Tell them ahead of time about the task.
- *Allow time for the older adult to get his/her attention focused on the task or question.



Using Pacing and Patience to Better Care for the Older Adult

- * Allow time to think about what has been said.
- * Give clear, short, easy instructions based on what is known.
- * Relate new tasks/information with past experiences.
- * Use simple words easily understood.
- * Show what is to be done.
- * When possible, provide hands-on experience with equipment.



Handouts

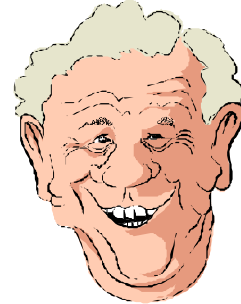
Handout #1

Physical Changes in the Older Population

Physical Changes in the Integumentary System

Skin

- 1st noticed.
- Dry, thin, flaky, wrinkled and flabby.
- Crows feet and laugh lines appear.
- Face seems to sag.
- Reason – loss of fat tissue, gravity,
- Small, brown pigmented freckles called lentigines (or liver spots) appear on hands, arms, face, or other areas. Reason – exposure to sun and weather.



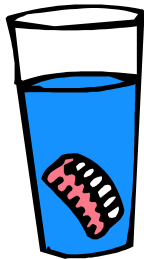
Hair

- Men tend to lose hair.
- Often becomes dry and turns gray because of a loss of hair pigmentation, especially if parents have graying of hair.

Bruise more easily. Reason – fragile capillaries.

Nails

- Thicken and become more brittle.
- Reason – poor circulation to arms and legs.



Teeth

- May be lost, gums recede, and teeth loosen.
- Reason – neglected oral hygiene or a shrinking jaw bone.

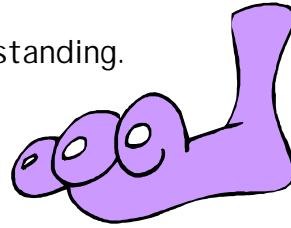
Ability to sweat decreases in hot weather and inability to lose heat as well. Reason – blood vessels in skin dilate slowly and sweating mechanism is not as effective.

Skin feels cool to touch. Reason – decreased circulation.

Physical Changes in the Integumentary System (cont.)

Extremities

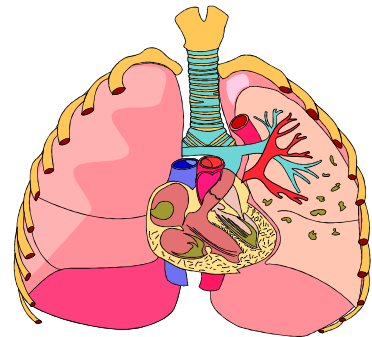
- Feet may turn purple or blue when seated or standing. Reason – impaired arterial circulation.
- Legs may become swollen. Reason – twisted, bulging veins in legs (varicose veins)
- Harder time getting warm in winter. Reason – metabolism has slowed



Physical Changes in the Cardiovascular/Respiratory System

Changes in vital signs occur, including increased blood pressure and irregularity in pulse. Reason – Aorta and arteries stiffen and become less flexible, plus a decrease in cardiac output.

Shortness of breath upon exertion and decreased efficiency with demands of activity and exercise. Reason – aorta and arteries stiffen and become less flexible, plus a decrease in vital capacity.



Orthostatic hypotension occurs. Reason – blood vessels do not respond as quickly to change in positioning of the body.

Physical Changes in the Musculoskeletal System

Decrease in height and a curve to the back (kyphosis). Reason – compression of discs between the vertebrae, weakening of chest muscles.

Walks or stands with a wider stance. Reason – change in center of gravity due to decrease in height and curve to the back.

Hips and knees are usually flexed, plus stiffening in weight bearing joints and decrease in range of motion occurs. Reason – breakdown in connective tissue.



Physical Changes in the Musculoskeletal System (cont.)

Muscles atrophy. Reason – loss of muscle fiber.

Muscles of arms and legs become flabby and thin. Reason – loss of muscle fiber.

May be physical limitations. Reason – disuse.

Arthritis (stiff joints, limits in movement, deformity) is common.

Osteoporosis (loss of bone mass) is common among women.

Physical Changes in Gastrointestinal System

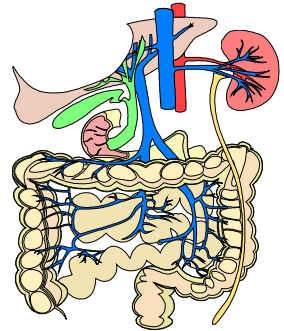
Increased problems with constipation and flatulence (gas). Reason – peristalsis slows and cells or colon atrophy.

Increase in indigestion. Reason – less stomach acid is produced and absorption of foods decrease.

Decrease in taste buds. Reason – wear and tear plus atrophy.

Saliva production decreases.

Increased risk for aspiration. Reason – food remains in the esophagus longer and gag reflex is weaker.



Physical Changes in the Reproductive System

Breasts

- Women's breasts lose suppleness and hang flat against their chest walls.
Reason – breast tissue atrophies and gravity.
- Men's breasts may grow.
Reason – decrease in testosterone level.

Menopause occurs in women. Reason: hormonal changes.

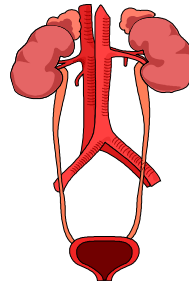
Physical Changes in the Reproductive System (cont.)

The female vagina becomes shorter and narrower. Reason – cellular atrophy, decrease in elasticity and vascularity.

Physical Changes in the Urinary Tract

Urination

- Women may develop leakage of the urine during coughing, sneezing, laughing, or lifting (stress incontinence). Reason: stretched ligaments and muscles during pregnancy cause bladder to drop plus pelvic floor muscles weaken.
- Increase in trips to the bathroom to urinate. Reason: bladder capacity decreases and the male prostate enlarges due to hormonal changes.
- Men have increase in trips to the bathroom at night to urinate. Reason: prostate gland blocks the complete emptying of urine.
- Both sexes may leak urine (urge incontinence). Reason: bladder capacity decreases, male prostate enlarges.



Physical Changes in Vision

Loss of visual acuity for near vision usually begins at age 40 (presbyopia). Reason – cellular degeneration and decrease in elasticity of lens.

Many develop cataracts. Reason – lens becomes cloudy and hardens.



Ability to see in dim light, ability to detect moving objects, glare, and peripheral vision difficulties often begin at age 50. Difficulty in driving at night begins.



Reason – lens becomes dense and pupil size decreases. Many wear glasses.

Physical Changes in Hearing

Decrease in ability to hear high-frequency tones first.

Decrease in ability to hear low-frequency tones between ages of 60 and 70.

Reason – environmental noise.

Some wear hearing aides.



Physical Changes in Touch

Decrease in sensitivity to heat, cold, and pressure. Reason – decrease in circulation to the skin.

Handout #2

Cognitive Changes in The Older Population

Cognition

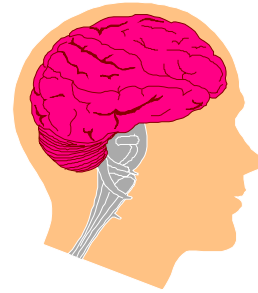
Manner in which messages from the five senses are changed, stored in memory, recovered from memory, and later used to answer questions, respond to requests, and perform tasks.

Healthy older adults are able to learn new information.

Important for older person "to use brain or lose it".

Ability to think or problem-solve remains sharp, especially for usual situations and familiar experiences.

Generally remains as intelligent and creative as ever.



Learning

The gaining of information, skills, and knowledge measured by an improvement in some obvious response.

The ability to learn remains throughout life.

Depends on the person's memory.

OLDER ADULTS LEARN THINGS EASIER AND BETTER WHEN THEY CAN SET THEIR OWN PACE.

What Happens to Cognition and Learning **As a Person Ages?**

- The size of brain cells decrease.
- Total brain mass decreases.
- Responses slow down.
- Increased learning time needed for new activities. Has more difficulty in learning motor skills.
- Processing, response time and reaction time increase.
- Fast-paced instruction is hard for older adult.
- Need more deliberate, less frequent responses and less effective performance when pace is fast – particularly in stressful/unfamiliar surroundings.
- Are slow with tasks when response speed is needed.
- Cannot adapt as well, especially in stressful/unfamiliar environments and with impaired senses.
- Easily confused when too many changes or losses happen at one time or when moved to a different environment.
- Mild short-term memory loss often occurs (forgetting names, misplacing items, poor recall of recent conversations).
- Motivation to learn decreases.
- Feels threatened more when decreased cognitive abilities may be publicly demonstrated.
- Hard time doing more than one task or dealing with more than one request at a time occur.
- Can not ignore other things that are not important.

What is the Workload Like for the Nurse Aide?

Tend to have a lot to do in a short period of time. When working with older adults, nurse aides may unintentionally quicken their pace and expectations as they get pressed for time.

How Will a Fast Pace Affect the Older Adult?

It can negatively effect the older adult's ability to learn something new, perform a task, or maintain his/her motivation to complete an activity.

Older people tend to be more cautious and less willing to respond quickly in situations where they think they might fail. Some may choose not to even do a task because they are afraid of failure.

Social Breakdown Syndrome

May occur if the older adult is rushed too much and not allowed enough time to begin to do tasks, respond to requests, or answer questions.

The older adult will likely keep quiet and not ask for a slower pace. He/she tends to blame his/herself for not being able to "keep up" and then become frustrated.

He/she gradually begins to feel incompetent and has a decrease in his/her self-esteem.

The older adult may give up doing things for him/ herself leading to dependence and helplessness. He/she is often labeled as slow and unable to "pull his/her own weight" in society.

Reaction Time

The time it takes for a person to begin an answer or a movement after someone asks him/her a question or makes a request.

Changes in reaction time vary from person to person.

Reaction time decreases gradually after age 60 (it takes longer for the person to begin with an answer or to start a movement), especially when the older adult has to make a choice or change movement from one direction to another.

Impaired by the aging process, sensory deficits, or chronic disease.

Important that people who work with the older adult

- Be aware of changes in reaction time and pace themselves accordingly.
- Develop an understanding of ways to help the older adult make up for their slowed reaction time.

Pacing and Patience

Pacing - the awareness and adjustment of one's nursing care based on how slow or how fast a person is functioning.

Patience - the ability to put up with slowness, delay, or boredom without complaining or appearing rushed.

Pacing and patience can be used to balance the effects of an older adult's slowed reaction time.

When allowed to take their time and set their own pace, older adults:

- ☆ Are better able to perform tasks or learn new things,
- ☆ Have time to use their physical and physiological assets to respond to the best of their abilities.
- ☆ Feel better about themselves, feel competent, and feel more in control.

BY USING PACING AND PATIENCE, NURSE AIDES

CAN MAKE THEIR INTERACTIONS WITH OLDER ADULTS MORE MEANINGFUL AND EFFECTIVE

CAN HELP OLDER ADULTS MAINTAIN THEIR INDEPENDENCE

How Nurse Aides Can Use Pacing and Patience to Better Care for the Older Adult With a Slowed Reaction Time

- ✓ Slow down the pace when working with older adults.
- ✓ Let the older adult set his/her own pace.
- ✓ Ensure that the older adult is wearing his/her hearing aid and/or glasses before beginning a task.
- ✓ Tell them ahead of time about the task.
- ✓ Allow time for the older adult to get his/her attention focused on the task or question.
- ✓ Allow time for the older adult to think about what has been said.
- ✓ Give clear, short, easy instructions that are based on what the person already knows.
- ✓ Relate new information or tasks with past experiences.
- ✓ Use simple words that the older adult understands.
- ✓ Show the older adult what you want him/her to do.
- ✓ If something has just been learned, allow the older adult to look at equipment (if equipment is used).

Written Activities

Written Activity #1

What Am I Like Now?

Below, you will see four blocks representing your present life. Block number one represents your appearance. Draw a picture of how you look now in block number one. Block number two represents your environment. Draw a picture of where you currently live in block number two. Block number three represents your social world. List the people who are currently a part of your social world in block number three. This may include relatives, friends, neighbors, co-workers, pets, etc. Block number four represents your current activities. List the activities that you currently enjoy doing in block number four.

My Appearance	My Environment
My Social World	My Activities

Written Activity # 1

What Will I Be Like At 75?

Below, you will see four blocks representing your life at age 75. Block number one represents your appearance at age 75. Draw a picture of how you will look at age 75 in block number one. Block number two represents your environment at age 75. Draw a picture of where you will be living at age 75 in block number two. Block number three represents your social world. List the people who will be a part of your social world when you are age 75. This may include relatives, friends, neighbors, co-workers, pets, etc. Block number four represents your activities that you will be participating in at age 75. List the activities that you will still be enjoying at age 75 in block number four.

My Appearance at Age 75	My Environment at Age 75
My Social World at Age 75	My Activities at Age 75

Written Activity # 1

After reviewing your answers to the *What Am I Like Now? Activity* and *What Will I be Like at 75 Activity*, complete the following worksheet.

My Appearance

1. In what ways will I look the same now and at age 75 and in what ways will I look different now and at age 75? (Have I gained or lost weight? Has my height or weight changed? Do I have wrinkles or gray hair? Am I wearing glasses, dentures, or a hearing aide? Am I dressed differently? Do I have a cane in my age 75 picture?)

Same:

Different:

2. Do I look like any of my relatives? If so, who?
3. Am I coping with a chronic disease, such as heart disease, arthritis, or high blood pressure, at age 75? If yes, what disease is it and could I have prevented it from occurring?
4. What activities that I enjoy doing now, will I be unable to do at age 75? (Can I still drive? Am I still working? Am I still active in church or social organizations?)
5. Did I have difficulty picturing myself at age 75? Why or why not?
6. Who is currently present in my social world that is missing in my social world at 75? How does that make me feel?

7. Am I living with the same people now that I am at age 75?
8. Do I have a pet at age 75? If so, what kind of pet and what is his/her name?
9. Look at where I am living now and where I am living at age 75. Have I changed locations? If yes, is my new location in a different town or state. If yes, why do I think I have changed locations?
10. What am I going to enjoy about being 75?
11. Did I have difficulty picturing myself at 75? Why?

Written Activity #2

Pacing and Patience Simulation Instructor Guide

Instruct the nurse aides to clear their desks except for a pencil or pen.
Inform them of the following in a very hurried manner:

- They must now take a test on the previously learned material;
- They have 10 minutes to complete the test;
- They must pass the test in order to continue in the class;
- They must score at least a 90 to pass the test;
- The test will count 75% of their grade; and
- The test will be placed in their permanent employee record.

Distribute the test and observe reactions.

As the nurse aides attempt to complete the test, do and say the following throughout the time:

- "You better hurry up you don't have much time;"
- "You are a lot slower than the last class that took the test;
- "Obviously you were not paying attention during class;"
- Pace the floor and look at their work;
- Shake your head if you catch someone looking at you;
- After about two minutes, look at your watch and state, "I thought you'd be done by now."

After about 5 minutes, say "Oops time is up. Pass in your tests. Well, how did you do?" Collect tests.

Pass out Written Activity #2 and ask the nurse aides to answer the questions.

After the nurse aides have completed Written Activity #2,

- Ask them to raise their hands if they think they passed the test;
- If most of the nurse aides say "no," ask them the reasons that they didn't pass the test;
- Ask them if they thought the test was fair;
- Ask them how they would change the look of the test?

- Ask them how the instructor made them feel?
- Ask them to suggest ways that the instructor could help them do better on the next test?
- Ask them if they were tempted to just say, "FORGET IT - I don't care what I make on this test?"
- Ask them how they now feel about the instructor?

After the nurse aides have discussed their answers, inform them of the following, relative to the testing situation:

- The test will not count.
- The test was written in very small print, so you could understand how difficult it is to do something well, if your eyes have difficulty with the activity.
- During the test, I changed the pace on you and gave you a task for which you were unprepared and did not have time to do.
- I rushed you and I also added an element of competition to the activity.
- The test was a simulation of the concepts of pacing and patience, which you will learn.

Written Activity #2

1. Do you think you passed the test? If not, why not?
2. How would you change the look of the test?
3. How did your instructor make you feel during the test?
4. What suggestions would you make to your instructor to help you do better on the test?
5. Were you tempted to just say, "FORGET IT - I don't care what I make on this test?"
6. Has your opinion changed about your instructor?

Name _____

A More Empathetic You Part 2
Written Activity #2
Test

Please answer the following questions. You have 10 minutes to complete the test. You may not use your notes or handouts.

I. Completion - Answer the following questions by filling in the blank with the correct answer.

1. It is harder for an older adult to get warm because _____ has slowed down.
2. An older adult bruises easier because of _____.
3. Why does an older adult sweat less in the summer?
_____.
4. A decrease in cardiac output causes _____.
5. Why do muscles atrophy in an older adult? _____.
6. Define urge incontinence. _____.
7. Define presbyopia. _____.
8. What happens to cognition when an adult ages?
_____.
9. Define cognition. _____.
10. Skin changes are one of the 1st changes noticed when one ages. It becomes _____. _____, _____, _____ and _____. In addition, _____ and _____ appear. The face seems to sag because of loss of _____ and _____.
11. A decrease in height and a curve to the back is called _____.
12. _____ occurs when blood vessels do not respond quickly to changes in positioning of the body.
13. Bulging veins in the legs are called _____.
14. Small, brown pigmented freckles, or liver spots are called _____.
15. As people age, the bruise more easily because of _____.
16. When people age, hips and knees usually flex, a stiffening in weight bearing joints occurs, and a decrease in range of motion occur because of a breakdown in _____.

17. _____ or loss of bone mass, is common among women.
18. As people age, there are increased problems with _____ and _____ because _____ slows and cells of the colon _____.
19. As people age, there is an increased risk for _____ because food remains in the _____ longer and the _____ reflex is weaker.
20. Men's breasts may grow, with aging, because of a _____.
21. _____ is leakage of the urine during coughing, sneezing, laughing, or lifting.
22. _____ is loss of visual acuity for near vision usually occurring at age 40.

II. Discussion - Using complete sentences, answer the following questions.

23. Describe all the physical changes that occur in the cardiovascular/respiratory system when a person ages.
24. Describe all the physical changes that occur in the musculoskeletal when a person ages.
25. Define cognition.

A More Empathetic You Curriculum Module



Part Three

Objective 7: Discuss the feelings that a person might have when suddenly admitted to a nursing home.

<u>Content</u>	<u>Notes</u>
<p><i>Written Activity - Review Instructor's Guide to The Place That I Call "Home." Distribute Written Activity #1, The Place That I Call "Home."</i></p> <p><i>Discussion - Encourage nurse aides to share responses to The Place That I Call "Home" written activity.</i></p> <p><i>Collect the drawing of the pictures of the nurse aides' homes and place in trashcan.</i></p> <p><i>Handout - Distribute Handout #1.</i></p> <p><i>Overhead - Show Overhead # 1.</i></p> <p><i>Guided Imagery - Begin guided imagery activity.</i></p> <p><i>Distribute Written Activity #2, An Ending to the Story.</i></p> <p><i>Discussion - Encourage nurse aides to share responses to Written Activity #2.</i></p> <p><i>Handout - Distribute Handout #1.</i></p> <p><i>Overhead - Show Overhead Number 2.</i></p> <p><i>Overhead - Show Overhead Number 3.</i></p> <p><u>An Older Person's Home is His/Her Castle</u></p> <p>Most older adults have lived in their current homes for more than 20 years.</p>	

Objective 7: Discuss the feelings that a person might have when suddenly admitted to a nursing home.

<u>Content</u>	<u>Notes</u>
<p><i>Distribute Handout Number 2.</i></p> <p><u>An Older Person's Home is His/Her Castle (cont.)</u></p> <p>To an older adult, a home may represent:</p> <ul style="list-style-type: none">• Independence;• A part of his/her identity• A place to maintain autonomy and control;• The center for family gatherings;• A link to the past;• A connection to the neighborhood; and a• Symbol of position in the community. <p><i>Overhead - Show Overhead Number 4.</i></p> <p><u>Relocation From the Home</u></p> <p>Reasons for relocation from the home:</p> <ul style="list-style-type: none">• Decrease in finances;• Decline in physical or mental state;• Lack of social support; and• Increasingly unsafe neighborhood. <p>An individual's reaction to relocation from the home depends upon the:</p> <ul style="list-style-type: none">• Degree of choice that the older adult had• Degree of preparation that the older adult had;• Degree of "sameness" of the new location with the previous location;• Degree of predictability of the new location; and• Number of additional losses that occurred in the older adult's life – loss of loved one, loss of health, loss of finances, loss of roles.	

Objective 7: Discuss the feelings that a person might have when suddenly admitted to a nursing home.

<u>Content</u>	<u>Notes</u>
<p><i>Overhead - Show Overhead Number 5.</i></p> <p><u>Admission to a Nursing Home</u></p> <ul style="list-style-type: none">• About 1/3 of men and over 1/2 of women who turned 65 in 1990 are expected to live in a nursing home before they die.• The older adult may fear life in a nursing home more than his/her own death.• Older adults often view admission to a nursing home as a series of losses and being forced into unpredictable surroundings in which the only certainty is further loss.• Admission is often involuntary and traumatic for the older adult and initiated by a family member. <p><i>Overhead - Show Overhead Number 6.</i></p> <p><u>How does the older adult feel when he/she is suddenly admitted to a nursing home?</u></p> <ul style="list-style-type: none">• Typically experiences a great deal of stress and feels a sense of loss, fear, isolation, confusion, and being out of control.• May feel relief over the move - no more caring for the home, no more cooking, no more cleaning, and no more shopping.• Event is often viewed as the ending of one phase of the older adult's life and the beginning of the final phase.	

Objective 7: Discuss feelings that a person might have when suddenly admitted to a nursing home.

<u>Content</u>	<u>Notes</u>
<p><i>Overhead - Show Overhead Number 7.</i></p> <p><u>Characteristics of a Nursing Home</u></p> <p>Compared with a hospital, a nursing home is meant to be a place to live.</p> <ul style="list-style-type: none">• Description - A nursing home may be perceived as an "accidental community" where people with different interests, tastes, cultural backgrounds, social classes, educational backgrounds, former occupations, and income live together in a blended living arrangement in an institutional setting with dozens or even hundreds of people.• Residents - The residents of a nursing home represent a wide range of ages, may stay for a short time or a long time, have a variety of diagnoses, vary in their degree of functional impairment or disability, vary in their level of cognition, and are 75% female. <p><i>Overhead - Show Overhead Number 8.</i></p> <p><u>Life in a Nursing Home – Routines & Schedules</u></p> <ul style="list-style-type: none">• Fixed routines and schedules for personal care (baths and showers); meals, medications, wake times, and bedtimes are used in most nursing homes to accommodate the needs of all residents.• The older adult's life is built on previously established social roles and personal routines. Personal routines and schedules may collide with institutional schedules, causing conflict.	

Objective 7: Discuss the feelings that a person might have when suddenly admitted to a nursing home.

<u>Content</u>	<u>Notes</u>
<p><u>Life in a Nursing Home – Routines & Schedules (cont.)</u></p> <p>Examples: John has always been the “king” of his household and now has discovered that he must “do what he’s told.” George is expected to eat breakfast at age 76 years of age for the first time in his life. Mary can no longer read her morning paper before breakfast.</p> <p><u>Life in a Nursing Home – Limited Space</u></p> <p>Personal space is very limited and reduced to a few square feet around the bed. Storage space is limited.</p> <p><u>Life in a Nursing Home – Lack of Privacy</u></p> <p>The resident typically lives in a shared bedroom with no choice of roommates. The resident has no control over who stays in the bed next to him/her. He/she may share a room with a dying person, a demented person, or a series of roommates.</p> <p>Residents may feel violated when confused people invade their personal space or take their personal items.</p> <p>At home, the older adult can lock his/her door and choose whether to answer a knock at that door. He/she may also choose whether to let the individual come through the door. At the nursing home, the older adult cannot lock his/her door. A knock on the door signifies that entry is being announced, instead of the person requesting to come into the room.</p>	

Objective 7: Discuss the feelings that a person might have when suddenly admitted to a nursing home.

<u>Content</u>	<u>Notes</u>
<p><u>Life in a Nursing Home – Cognitively Impaired People are Housed With the Cognitively Intact</u></p> <p>The cognitively intact and the cognitively impaired resident share the same dining hall in most nursing homes. Eating in the dining room may be a shock to the cognitively intact resident. For example spitting behaviors, drooling, and the mixing of foods together is common among cognitively impaired residents.</p> <p>Programs are often geared to the lowest common denominator, meaning that they are not mentally nor physically challenging, and are often very simple in nature.</p> <p>Residents may feel scared at night when the cognitively impaired moan, scream, and make repetitive noises.</p> <p><i>Overhead - Show Overhead Number 9.</i></p> <p><u>Adaptation to Life in a Nursing Home</u></p> <p>The cognitively intact older adult adapts to life in a nursing home in one of three ways. The older adult:</p> <ol style="list-style-type: none">1) Becomes depressed or may regress. He/she withdraws from others and only shows interest in events that affect his/her own personal, physical self <u>or</u>2) Becomes narrow-minded, uncooperative with staff, and fights all attempts to include him/her into the normal, standard routine of nursing home activities. He/she does not view the nursing home as his/her home <u>or</u>	

Objective 7: Discuss the feelings that a person might have when suddenly admitted to a nursing home.

<u>Content</u>	<u>Notes</u>
<p><u>Adaptation to Life in a Nursing Home (cont.)</u></p> <p>3) I s determined to make the best of his/her stay in the nursing home and claims to prefer it to life before admission.</p> <p><i>Overhead – Show Overhead Number 10.</i></p> <p>What may be a normal response to sudden placement into a nursing home (depression, withdrawal, or moodiness) is often viewed as poor adjustment to nursing home life. The staff may then unfairly and prematurely label the resident as “difficult” or a “troublemaker.”</p>	

Objective 8. Recognize forms of resident abuse that may occur in a nursing home.

<u>Content</u>	<u>Notes</u>
<p><i>Handout - Distribute Handout Number 3.</i></p> <p><i>Overhead - Show Overhead Number 11.</i></p> <p><u>Definition of Abuse</u></p> <p>An act or an omission that results in harm or threatened harm to the welfare of a person.</p> <p><i>Overhead - Show Overhead Number 12.</i></p> <p><u>Physical Abuse</u></p> <p>Defined – the intentional use of physical force that may result in bodily injury, physical pain, or impairment.</p> <p>Examples of physical abuse:</p> <ul style="list-style-type: none">• Hitting, beating, pushing, kicking, slapping, pinching, shaking;• Burning;• Handling or moving the resident roughly;• Withholding personal or medical care;• Inappropriate use of drugs and physical restraints; and• Force-feeding. <p>Signs and symptoms:</p> <ul style="list-style-type: none">• Bruises, black eyes, welts, lacerations,• Rope marks, restraint marks;• Sprains, dislocations, broken bones, skull fractures;• Open wounds, cuts, punctures;• Internal injuries/bleeding;• Repeated “unexplained” injuries;• Sudden change in resident’s behavior;• Resident’s report of physical abuse	

Objective 8. Recognize forms of resident abuse that may occur in a nursing home.

<u>Content</u>	<u>Notes</u>
<p><i>Overhead - Show Overhead Number 13.</i></p> <p><u>Emotional or Psychological Abuse</u></p> <p>Defined – the infliction of anguish, pain, or distress through verbal or nonverbal acts.</p> <p>Examples of emotional or psychological abuse:</p> <ul style="list-style-type: none">• Instilling fear through intimidation;• Demands to perform demeaning acts;• Verbal threats of harm, insults, threats;• Humiliation;• Harassment;• Treating a resident like an infant;• Enforced social isolation; <p>Signs and symptoms:</p> <ul style="list-style-type: none">• The resident is emotionally upset or agitated;• The resident is extremely withdrawn, will not talk, or is non-responsive;• Deference, passivity, shame;• Depression, feelings of helplessness and hopelessness;• Trembling, clinging, cowering, minimal eye contact;• Unusual behavior (sucking, biting, rocking) that may be mistakenly attributed to dementia;• Resident's report of emotional or psychological abuse	

Objective 8. Recognize forms of resident abuse that may occur in a nursing home.	
<u>Content</u>	<u>Notes</u>
<p><i>Overhead - Show Overhead Number 14.</i></p> <p><u>Neglect</u> Defined – the refusal or failure to fulfill any part of a person's obligations or duties to a resident.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Failure to provide food, water; • Failure to provide clothing; • Failure to provide personal hygiene; • Failure to provide comfort; and • Failure to provide personal safety <p>Signs and symptoms:</p> <ul style="list-style-type: none"> • Dehydration, malnutrition, untreated pressure ulcers, and poor personal hygiene; • Unsanitary and unclean conditions, such as being dirty, having to lay in feces or urine, inadequate clothing; and • Resident's report of neglect <p><i>Overhead - Show Overhead Number 15.</i></p> <p><u>Personal Property or Financial Abuse/Misappropriation of Property</u></p> <p>Defined – the illegal or improper use of a resident's money, property, or assets, by another, for personal gain.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Cashing a resident's checks without permission; • Forging a resident's name on documents; and • Misusing or stealing a resident's money or personal property. 	

Objective 8. Recognize types of resident abuse that may occur in a nursing home.

<u>Content</u>	<u>Notes</u>
<p><u>Personal Property or Financial Abuse/Misappropriation of Property (cont.)</u></p> <p>Signs and symptoms:</p> <ul style="list-style-type: none">• The sudden appearance of a staff member's name on a bank signature card;• The discovery of a forged version of the resident's name• The sudden and unauthorized withdrawal of money using an ATM card or other means;• Unexplained disappearance of the resident's personal property or money from the resident's room; and• Resident's report of missing personal property, assets, or money.	

Objective 9. Discuss the reasons behind nursing home reform legislation in 1987 and its significance to residents and caregivers in nursing homes.

<u>Content</u>	<u>Notes</u>
<p><i>Handout - Distribute Handout Number 4.</i></p> <p><i>Overhead - Show Overhead Number 16.</i></p> <p><u>Nursing Home Reform and Legislation in 1987</u></p> <p>During the 1970's, disturbing reports, studies, and books charged that</p> <ul style="list-style-type: none">• Outlined widespread abuse of residents in nursing homes; and• Federal and state officials were careless in their regulation of nursing homes <p>In 1983, the US Department of Health and Human Services (DHHS) paid for</p> <ul style="list-style-type: none">• A study of federal and state regulations/policies for nursing home certification and recommendations for legislative action.• These recommendations were the driving force behind nursing home reform and adopted by the US Congress. <p><i>Overhead - Show Overhead Number 17.</i></p> <p><u>Omnibus Budget Reconciliation Act – 1987 (OBRA):</u></p> <p>Federal legislation enacted by Congress in 1987.</p> <p>Purpose – to ensure the quality of life and quality of care for resident's living in a nursing home environment.</p> <p>Main goal – to provide protection for individuals living in nursing home environments.</p>	

Objective 9. Discuss the reasons behind nursing home reform legislation in 1987 and its significance to residents and caregivers in nursing homes.

<u>Content</u>	<u>Notes</u>
<p><u>Omnibus Budget Reconciliation Act – 1987 (OBRA) (cont.):</u></p> <p>Applies to</p> <ul style="list-style-type: none"> • All Medicaid and Medicare certified nursing homes; • Beds in acute care hospitals certified to be used as long-term nursing care beds when the acute care census decreases (swing bed); and • Beds in acute care hospital certified as separate units for Medicare-approved services (distinct part units). <p>Three main parts:</p> <ol style="list-style-type: none"> 1) The provision of services – requires that nursing home facilities include assessments of residents, maintenance of minimal nurse staffing levels, required and approved nurse aide training programs/competency levels, and assuring resident rights. 2) The survey and certification process – requires that each facility be surveyed annually to determine compliance with federal regulations. Complaints will be investigated by the state when needed. 3) A range of enforcement mechanisms and sanctions – corrective measures that can be used to correct deficiencies found during surveys. <p>Overhead - Show Overhead Number 18.</p> <p><u>The Provision of Services</u></p> <p>Requirements for care – comprehensive assessments and a written plan of care describing the medical, nursing, and</p>	

Objective 9. Discuss the reasons behind nursing home reform legislation in 1987 and its significance to residents and caregivers in nursing homes.

<u>Content</u>	<u>Notes</u>
<p><u>The Provision of Services</u></p> <p><u>Requirements for Care (cont.):</u></p> <p>psychosocial needs of the resident and how these needs will be met must be done. Ongoing assessments must continue throughout the resident's stay at the facility.</p> <p>Resident's rights - must be maintained and supported (more about this later).</p> <p>Staffing and training - facilities must have at least one RN on duty 8 hours/day and an LPN on duty 24 hours/day. Nurse aides must complete at least 75 hours of approved training and pass a competency evaluation. States must maintain registries of those who have met training and competency requirements and any nurse aide found to have abused, neglected, or misappropriated a resident's funds/property.</p> <p><i>Overhead - Show Overhead Number 19.</i></p> <p><u>The Annual Certification Survey done by the State</u></p> <p>Is unannounced and done annually to review the quality of care as indicated by an evaluation of criteria including medical, nursing, and rehabilitative care; dietary services; infection control; and the physical environment.</p> <p>Methods used:</p> <ul style="list-style-type: none">• Observations of staff providing nursing care and food preparation;	

Objective 9. Discuss the reasons behind nursing home reform legislation in 1987 and its significance to residents and caregivers in nursing homes.

<u>Content</u>	<u>Notes</u>
<p><u>Methods used (cont.)</u></p> <ul style="list-style-type: none">• Interviews with residents and family members to determine the facility's compliance with resident's rights [How are you (or your family member) treated here?], facility procedures, and policies;• Interviews with staff;• Evaluation of the environment for safety and cleanliness; and• Record review. <p>The multidisciplinary survey team consists of at least one registered nurse and also may include additional nurses, a pharmacist, a social worker, and a dietitian.</p> <p>If care is suspected to be substandard, the facility is subject to an extended survey by the state.</p> <p><i>Overhead - Show Overhead Number 20.</i></p> <p><u>Enforcement and Sanctions</u></p> <p>Based on survey findings:</p> <ul style="list-style-type: none">• The facility may be deemed compliant with federal regulations and certified for one year; or• May have sanctions or penalties brought up against them for failure to meet requirements and standards:<ul style="list-style-type: none">- Civil money penalties up to \$10,000.00 per day for each day the facility is out of compliance;- Denial of payment for new Medicaid or Medicare admissions;	

Objective 9. Discuss the reasons behind nursing home reform legislation in 1987 and its significance to residents and caregivers in nursing homes.

<u>Content</u>	<u>Notes</u>
<p><u>Enforcement and Sanctions (cont.)</u></p> <ul style="list-style-type: none">- Appointment of a temporary manager to oversee the facility while deficiencies are corrected;- Closure of a facility and/or transfer of residents to another facility. <p>Officials authorized by the state or federal agencies who oversee the operation of nursing homes may review activities at the facility at any time. Nursing personnel must answer all questions and provide all records that are requested by the officials.</p> <p><i>Overhead - Show Overhead Number 21.</i></p> <p><u>Importance to Residents</u></p> <p>The regulation of nursing homes focuses on quality of life for residents and emphasizes their individual rights. Because of OBRA, nursing home residents are more empowered and have a greater say in their own quality of life.</p>	

Handouts

Happy Care Nursing Home

Room 103

Bed Number One



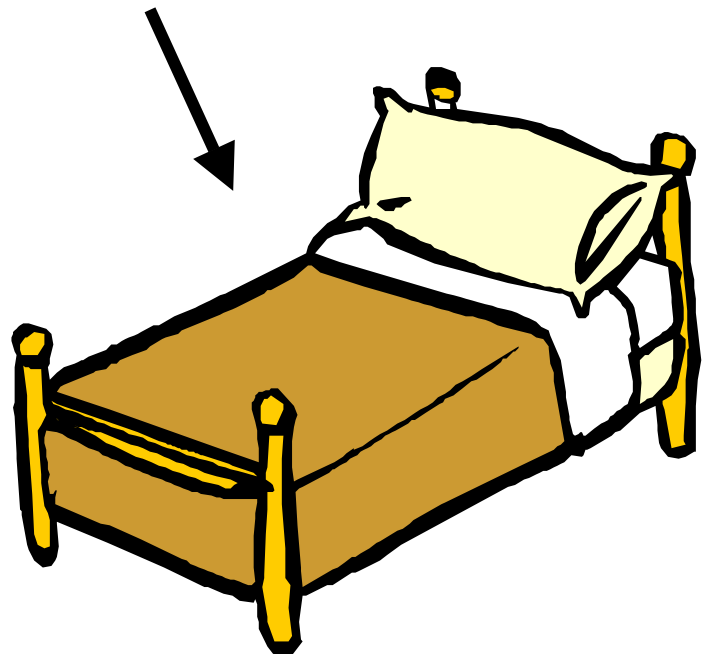
Bed Number Two



Bed Number Three



My New



Handout # 2

Most older adults have lived in their current homes for more than 20 years

To an older adult a home may represent:

- *Independence*
- *Part of his/her identity*
- *Place for autonomy/control*
- *Center for family gatherings*
- *Link to the past*
- *Connection to the past*
- *Symbol of position in community*

Reasons for Relocation to a Nursing Home

- Decrease in finances
- Decline in physical/ mental state
- Lack of social support
- Unsafe neighborhood

Reaction Depends On:

- Degree of choice and preparation
- Degree of predictability
- Number of additional losses
- Degree of sameness

Life in a Nursing Home – Admissions

- About 1/3 of men & 1/2 of women who turned 65 in 1990 will be admitted.
- May fear life in a nursing home more than death.
- Viewed as a series of losses & forced into unpredictability.
- Admission is often involuntary, traumatic & initiated by family.

Life in a Nursing Home – Feelings

- May experiences a great deal of stress & feels loss, fear, isolation, confusion & being out of control.
- May feel relief over the move.
- Often viewed as ending of one phase & beginning of final phase.

Life in a Nursing Home – Characteristics

- An Accidental Community
- Diverse Group of Residents

Life in a Nursing Home

- Routines & Schedules
- Lack of Privacy
- Limited Space
- Cognitively Intact Housed With the Cognitively Impaired

Adaptation to Life in a Nursing Home

The cognitively intact older adult adapts to life in a nursing home in one of three ways. The older adult:

- Becomes depressed or may regress. He/she withdraws from others and only shows interest in events that affect his/her own personal, physical self or
- Becomes narrow-minded, uncooperative with staff, and fights all attempts to include him/her into the normal, standard routine of nursing home activities. He/she does not view the nursing home as his/her home or
- Is determined to make the best of his/her stay in the nursing home and claims to prefer it to life before admission.

What may be a normal response to sudden placement into a nursing home (depression, withdrawal, or moodiness) is often viewed as poor adjustment to nursing home life. The staff may then unfairly and prematurely label the resident as "difficult" or a "troublemaker."

Definition of Abuse: An act or an omission that results in harm or threatened harm to the welfare of a person.

Physical Abuse

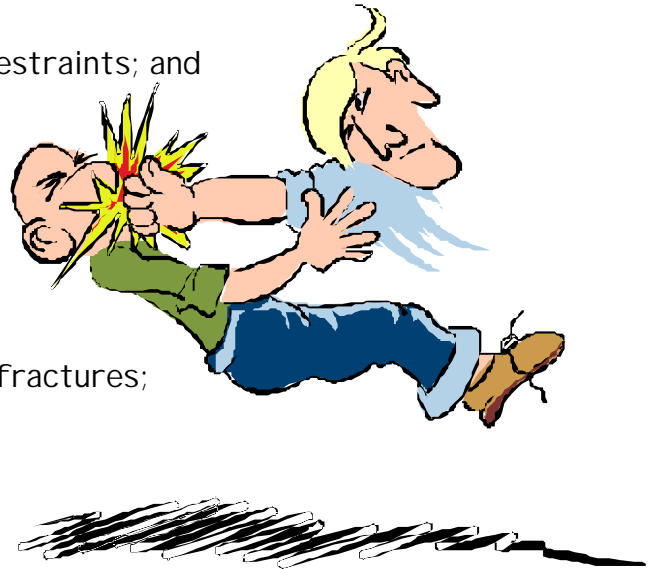
Defined – the intentional use of physical force that may result in bodily injury, physical pain, or impairment.

Examples of physical abuse:

- Hitting, beating, pushing, kicking, slapping, pinching, shaking
- Burning
- Handling or moving the resident roughly;
- Withholding personal or medical care;
- Inappropriate use of drugs and physical restraints; and
- Force-feeding.

Signs and symptoms:

- Bruises, black eyes, welts, lacerations,
- Rope marks, restraint marks;
- Sprains, dislocations, broken bones, skull fractures;
- Open wounds, cuts, punctures;
- Internal injuries/bleeding;
- Repeated “unexplained” injuries;
- Sudden change in resident's behavior,
- Resident's report of physical abuse





Emotional or Psychological Abuse

Defined – the infliction of anguish, pain, or distress through verbal or nonverbal acts.

Examples of emotional or psychological abuse:

- Instilling fear through intimidation;
- Demands to perform demeaning acts;
- Verbal threats of harm, insults, threats;
- Humiliation;
- Harassment;
- Treating a resident like an infant;
- Enforced social isolation;

Signs and symptoms:

- The resident is emotionally upset or agitated;
- The resident is extremely withdrawn, will not talk, or is non-responsive;
- Deference, passivity, shame;
- Depression, feelings of helplessness and hopelessness;
- Trembling, clinging, cowering, minimal eye contact;
- Unusual behavior (sucking, biting, rocking) that may be mistakenly attributed to dementia;
- Resident's report of emotional or psychological abuse

Neglect

Defined – the refusal or failure to fulfill any part of a person's obligations or duties to a resident.

Examples:

- Failure to provide food, water;
- Failure to provide clothing;
- Failure to provide personal hygiene;
- Failure to provide comfort; and
- Failure to provide personal safety



Signs and symptoms:

- Dehydration, malnutrition, untreated pressure ulcers, and poor personal hygiene;
- Unsanitary and unclean conditions, such as being dirty, having to lay in feces or urine, inadequate clothing; and
- Resident's report of neglect



Personal Property or Financial Abuse

Defined – the illegal or improper use of a resident's money, property, or assets, by another, for personal gain.

Examples:

- Cashing a resident's checks without permission;
- Forging a resident's name on documents; and
- Misusing or stealing a resident's money or personal property.

Signs and symptoms:

- The sudden appearance of a staff member's name on a bank signature card;
- The discovery of a forged version of the resident's name
- The sudden and unauthorized withdrawal of money using an ATM card or other means;
- Unexplained disappearance of the resident's personal property or money from the resident's room; and
- Resident's report of missing personal property, assets, or money.



Handout Number 4

Nursing Home Reform and Legislation in 1987

During the 1970's, disturbing reports, studies, and books charged that:

- Outlined widespread abuse of residents in nursing homes; and
- Federal and state officials were careless in their regulation of nursing homes

In 1983, the US Department of Health and Human Services (DHHS) paid for:

- A study of federal and state regulations/policies for nursing home certification and recommendations for legislation action.
- These recommendations were the driving force behind nursing home reform and adopted by the US Congress.

Omnibus Budget Reconciliation Act - 1987 (OBRA):

Federal legislation enacted by Congress in 1987.

Purpose - to ensure the quality of life and quality of care for resident's living in a nursing home environment.

Main goal - to provide protection for individuals living in nursing home environments.

Applies to

- All Medicaid and Medicare certified nursing homes;
- Beds in acute care hospitals certified to be used as long-term nursing care beds when the acute care census decreases (swing bed); and
- Beds in acute care hospital certified as separate units for Medicare-approved services (distinct part units).

Three main parts to OBRA:

- 1) The provision of services – requires that nursing home facilities include assessments of residents, maintenance of minimal nurse staffing levels, required and approved nurse aide training programs/competency levels, and assuring resident rights.
- 2) The survey and certification process – requires that each facility be surveyed annually to determine compliance with federal regulations. Complaints will be investigated by the state when needed.
- 3) A range of enforcement mechanisms and sanctions – corrective measures that can be used to correct deficiencies found during surveys.

Importance to Residents

The regulation of nursing homes focuses on quality of life for residents and emphasizes their individual rights. Because of OBRRRA, nursing home residents are more empowered and have a greater say in their own quality of life.

Overhead Transparencies

Happy Care Nursing Home

Room 103

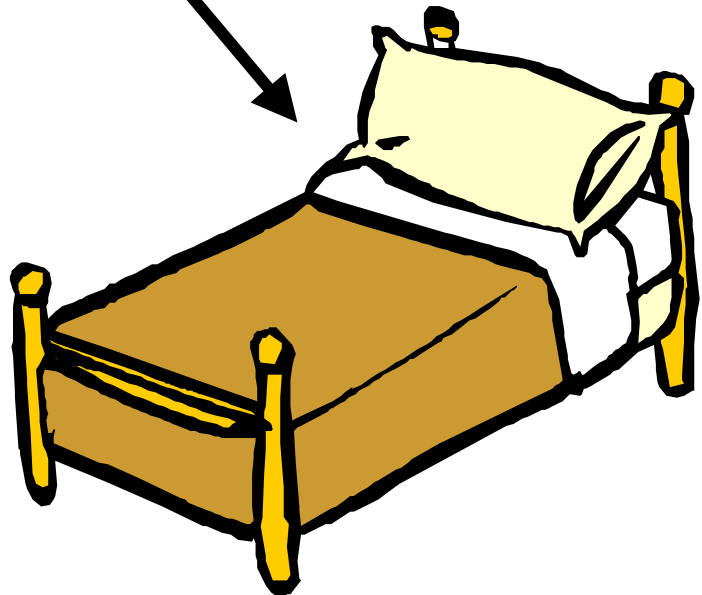
Bed Number One

Bed Number Two

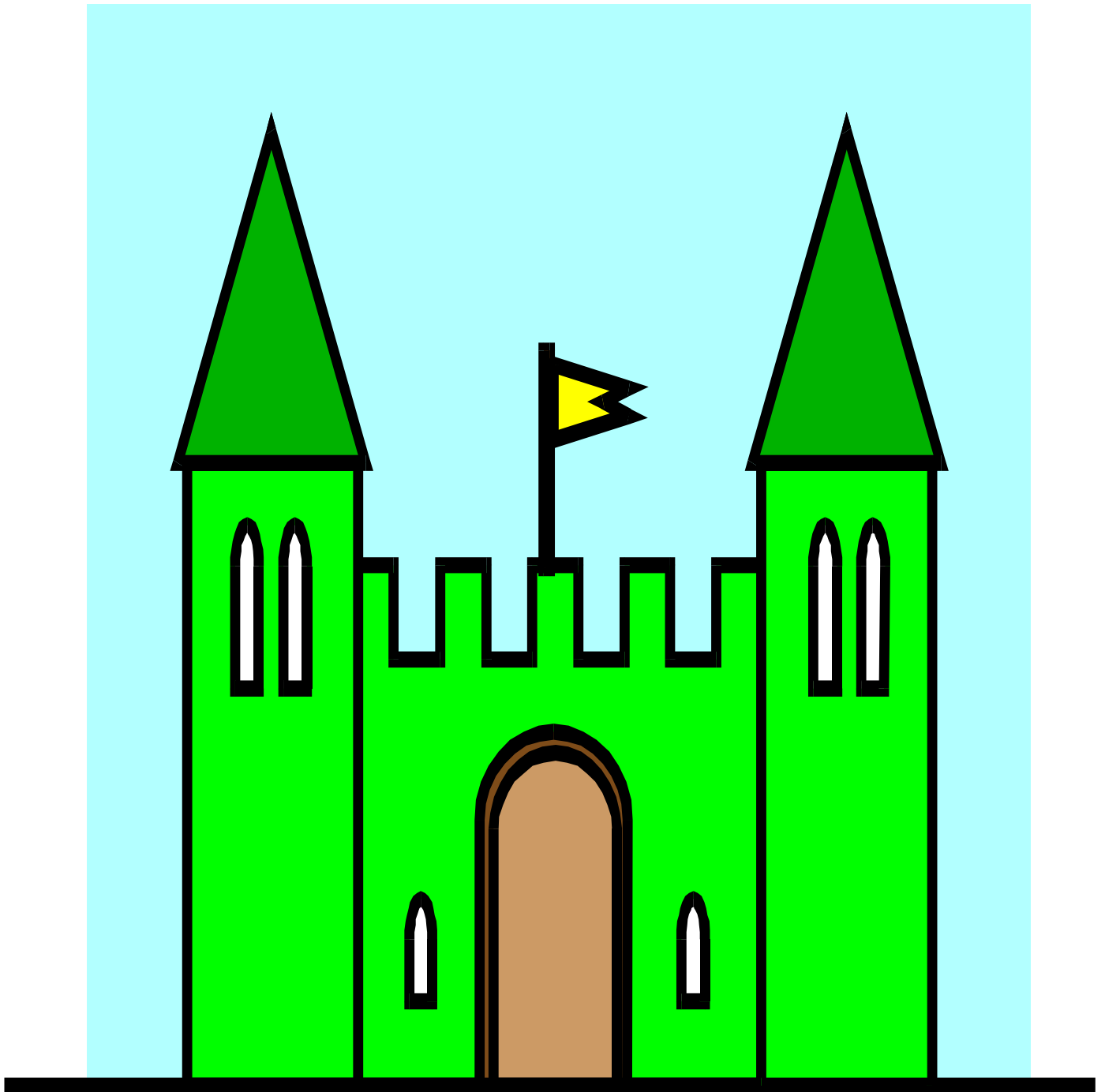


My New

Bed Number Three



AN OLDER ADULT'S HOME IS OFTEN HIS/HER CASTLE



Most older adults have lived in
their current homes for more
than 20 years

To an older adult a home may
represent:

Independence

Part of his/her identity

Place for autonomy/control

**Center for family
gatherings**

Link to the past

Connection to the past

**Symbol of position in
community**



Reasons

- Decrease in finances
- Decline in physical/mental state
- Lack of social support
- Unsafe neighborhood

Reaction

Depends On:

- Degree of choice/prep
- Degree of predictability
- Number of additional losses
- Degree of sameness

Relocation

Life in a Nursing Home



Admission

- About 1/3 of men & 1/2 of women who turned 65 in 1990 will be admitted.
- May fear life in a nursing home more than death.
- Viewed as a series of losses & forced into unpredictability.
- Admission is often involuntary, traumatic & initiated by family.

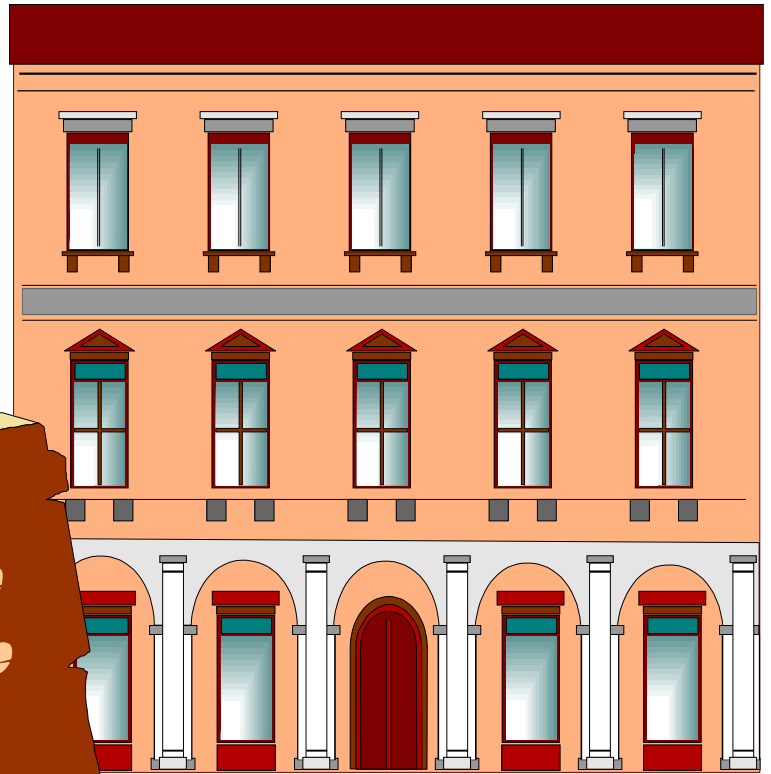
Life in a Nursing Home



Feelings

- May experience a great deal of stress & feel loss, fear, isolation, confusion & being out of control.
- May feel relief over the move.
- Often viewed as ending of one phase & beginning of final phase.

Life in a Nursing Home



Characteristics

An Accidental Community
Diverse Group of Residents

Life in a Nursing Home



***Lack of
Privacy***

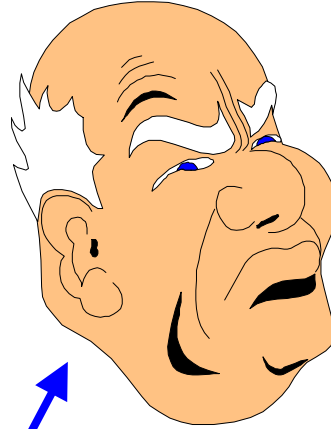
***Limited
Space***

***Cognitively Impaired +
Cognitively Intact***

***Fixed Routines
& Schedules***

**Makes the
Best Of It**

**Narrow-minded
Uncooperative**



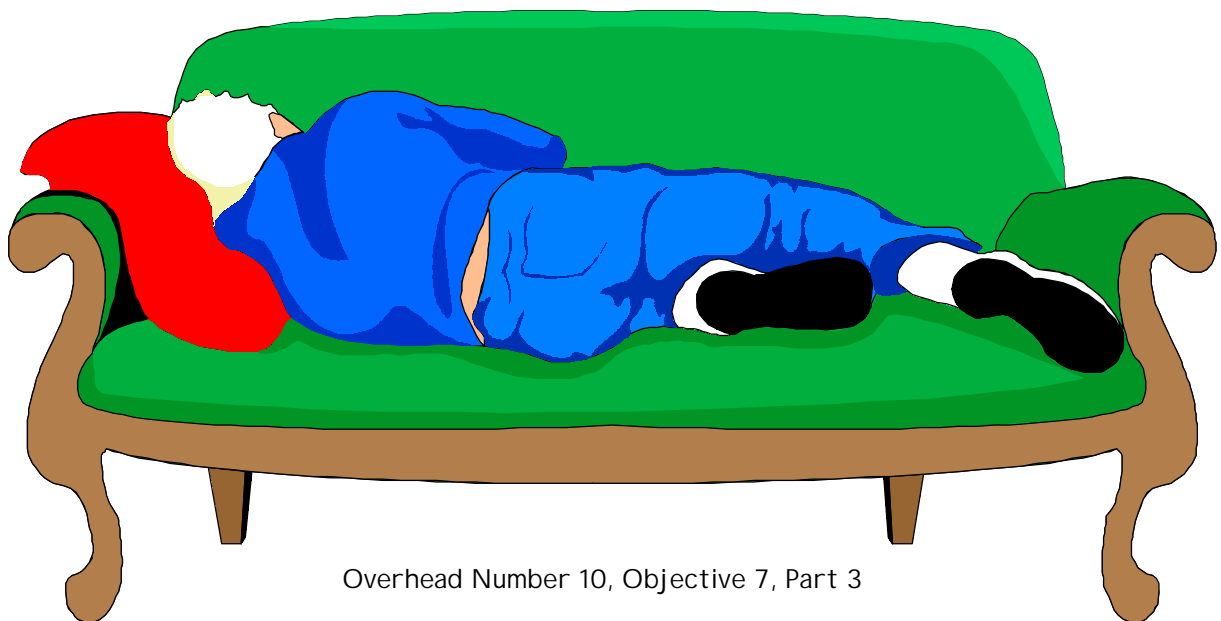
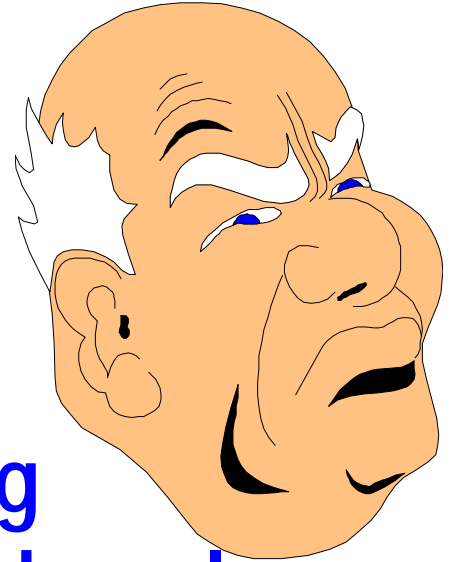
***Adaptation to a
Nursing Home***



Depressed/Regresses

And Remember:

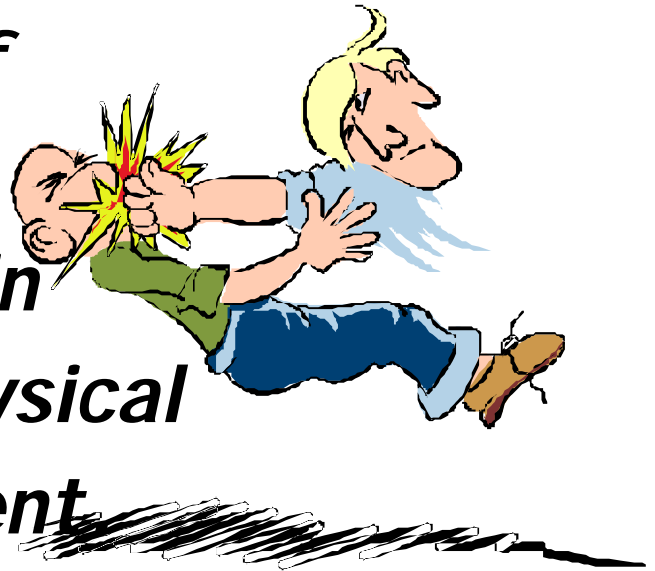
What may be a normal response to sudden placement into a nursing home (depression, withdrawal, moodiness) is often viewed as poor adjustment to nursing home life. The staff may label the resident as “difficult” or a “troublemaker.”



Abuse

**An act or an omission
that results in harm or
threatened harm to the
welfare of a person**

Physical Abuse is
*intentional use of
physical force
that may result in
bodily injury, physical
pain, or impairment*

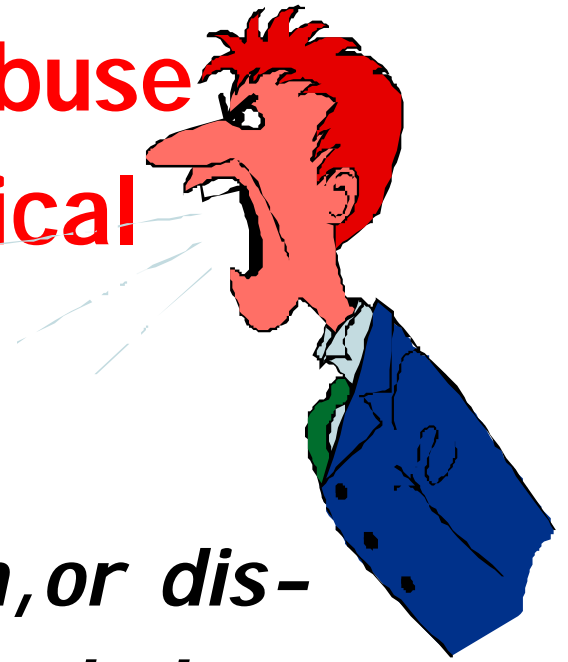


The abuser: hits, pushes,
kicks, slaps, pinches, shakes,
burns, treats roughly,
withholds care, improperly
restrains & force feeds.

What are signs/symptoms of
physical abuse?



Emotional Abuse (Psychological Abuse)



Inflicts anguish, pain, or distress by verbal/nonverbal acts.

The abuser: intimidates; makes person perform demeaning acts; makes verbal threats; bothers; humiliates; harasses; treats person like a baby; and isolates

What are the signs/symptoms of emotional abuse?

Neglect is the refusal or failure to fulfill any part of a person's duties or responsibilities.

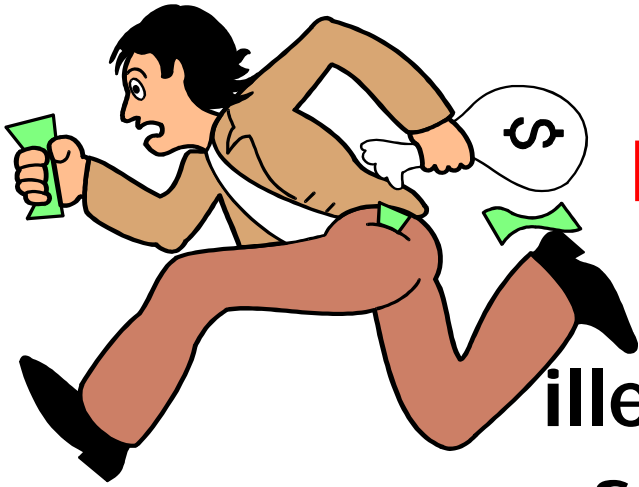
**I'm
Starving**

The abuser: does not provide food, water; clothing; personal hygiene; comfort; or personal safety



What are signs/symptoms of neglect?

Misappropriation of Property or Financial Abuse



The
illegal/improper use
of a resident's \$
property, or assets, by
another, for personal gain.



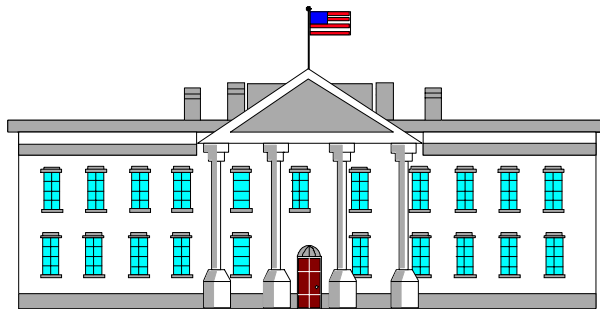
The abuser: cashes
check without permission,
forges name, misuses/steals
money or personal property.

What are the signs/symptoms
of financial abuse?

Nursing Home Reform & Legislation

During the 1970's:

- Widespread abuse of residents in nursing homes; and
- Careless regulation of nursing homes.



In 1983, the Federal Govt.:

- Reviewed regulations/policies for nursing home certification
- Made recommendations for legislative action.
- Nursing home reform adopted by the US Congress

Omnibus Budget Reconciliation Act

- Also known as OBRA
- Federal legislation enacted by Congress in 1987.
- Purpose – to ensure the quality of life and quality of care for resident's living in a nursing home environment.
- Main goal – to provide protection for individuals living in nursing home environments.
- Applies to all Medicaid/Medicare certified nursing home beds, swing beds, and distinct part unit beds.
- Three main parts – provision of services, survey/certification process & enforcement/sanctions.

OBRA – Provision of Services

- Nursing home facilities must:
 - Assess residents & do care plans,
 - Assure resident rights,
 - Maintain minimal nurse staffing levels &
 - Nurse aides must be trained/competency tested

- State must:
 - Maintain Nurse Aide Training Registries &
 - Maintain a Registry of abusive nurse aides

OBRA - Survey/Certification

- State must survey each facility annually to determine compliance with Federal Regulations:
 - Multidisciplinary survey team,
 - Variety of methods used
 - Unannounced
- The State will investigate facility complaints when necessary.



OBRA – Enforcement/Sanctions

- Defined - corrective measures used to correct deficiencies found during surveys
- Based on survey findings
 - The facility may be deemed compliant & certified for one year;
 - Have sanctions/penalties brought up against them for failure to comply (civil money penalties, denial of payment for new M/M admissions;
 - Appointment of new manager;
 - Facility may be closed

Importance to Residents

The regulation of nursing homes focuses on quality of life for residents & emphasizes individual rights.

Because of OBRA, nursing home residents are more empowered & have a greater say in their own quality of life.



Written Activities

The Place That I Call "Home" Instructor Guide

Pass out the three-page, *Place That I Call "Home"* activity sheets. Read the instructions to them and tell them that when they are done they can take a short break.

After break, encourage the nurse aides to take turns describing:

- the outside of their homes and things that are in their yards; and
- the floor plans of the inside of their homes, specifically the number of rooms, square footage, doors, windows, indoor pets, televisions, telephones, closets.

As the nurse aides describe their homes, the instructor should be very complimentary and positive with remarks.

Next, ask the nurse aides to share their answers to each of the questions on their sheets. The instructor should read the questions and then ask for volunteers to share answers.

Walk around the room and collect the pictures of the homes, walk over to the trashcan, rip the pictures in half, and then throw the pictures away.

Display Overhead #1 distribute Handout #1, and make the following announcement:

"You have just had a stroke and can no longer care for yourself. Your speech is slurred and you can not move your right arm and right leg. Your family has arranged for your placement into Happy Care Nursing Home, and it is uncertain how long you will be staying. You are transported to your room by stretcher and think to yourself, "This can't be right - there are three other people in the room." Look at the picture of your room and point to the empty bed. That is your bed. That is your room. This is your new home."

Turn the lights out in the room and tell the nurse aides:

- to put down their pencils and pens;

- to relax;
- to get in a very comfortable position;
- to close their eyes, and
- think about what you are saying to them.

When the nurse aides appear relaxed, begin reading the following statements in a very quiet, soothing manner:

Mental Imagery Scenario

You have just been placed in your bed. You are dressed in a hospital gown. Your nurse has completed your admission assessment and you are very tired. You look forward to a nap.

All of a sudden, a nurse aide comes into your room, pulls back the privacy curtain and says in a cheery voice, "Hey Sweetie. It's time for crafts. Let's go."

Keeping your eyes closed, you whisper in a slurred voice, "Tired. Want to rest. No crafts."

The nurse aide leans over and shouts in your ear, "Huh? What did you say Sweetie? I didn't understand you."

You are tired, you want to rest, and now this stranger is yelling in your ear. Doesn't she realize that you had a stroke and did not lose your hearing?

Your eyes are no longer closed. You are looking at this person.

All of a sudden the nurse aide grabs you by the shoulders and twists you around in bed to a sitting position. She drags you across the bed and plops you into a wheelchair.

How are you feeling?

The nurse aide wheels you down to the activity room and places you in front of a table with string and beads. She locks the brakes and says, "I'll be back in 30 minutes."

There you sit – for 30 minutes. Your back hurts. Your arm hurts. You have to go to the bathroom. No one checks on you.

All of a sudden, your wheelchair brakes are unlocked and you are jerked backwards. You think to yourself - What is happening to me? Where am I going now? The hallway seems vaguely familiar. With a sharp turn to the right, you are whisked into your room – and very roughly put back to bed.

Before you have a chance to tell the nurse aide that you have to go to the bathroom, she is gone – out of the room. You ring your bell. No one comes. You ring your bell. No one comes. You ring your bell and finally someone hurries into the room. "What do you want now? I was just in here. If you don't stop ringing that bell, I'm going to take it away from you."

You are scared. You try to form the word, "bathroom," but it takes too long. You look at your nurse aide and she looks at you. She says to you in a very hateful voice, "Look, I have 15 other patients. What do you want?" You try to form the word, "bathroom" again – and finally, manage to say, "ba." It's too late, though - she is gone.

You've got to go to the bathroom. You can no longer wait. You are incontinent.

You ring your bell. No one comes. You ring your bell. No one comes. You ring your bell. Finally, the nurse aide returns and states, "OK, now what? You have been nothing but trouble since you got here."

She suddenly realizes that you are incontinent. "Oh great, you wet the bed. It looks like I'm gonna have to put a diaper on the little baby. I'll go get a clean sheet. I'll be right back."

Thirty-eight minutes later, the nurse aide returns. "Sorry it took so long. It was time for my lunch break," she explains to you.

Without saying a word, she raises the bed high and roughly rolls you over. You are scared. You think you are going to fall out of bed. You try to grab the rail and accidentally scratch the nurse aide's arm. She yells, "Ouch. What did you do that for?" She curses at you and roughly turns you back over onto your back. She lowers the bed and whispers in your ear, "OK, just be that way. You can just lay there for a while. I'll change the little baby after I go smoke my cigarette." The nurse aide lifts the call bell and loops it over the light - out of your reach. She turns and leaves the room.

You close your eyes. You are tired. You are wet. You are sad. You are frightened. What is that? Is it a tap on the door? Yes, it is. It is the first time someone has actually knocked on the door since you have been admitted to the nursing home. Your roommate hollers out, "Come on in."

A woman walks in. Another stranger. She walks over to you and states, "Hello, I'm Mary Smith and I am a state inspector. How are they treating you here?"

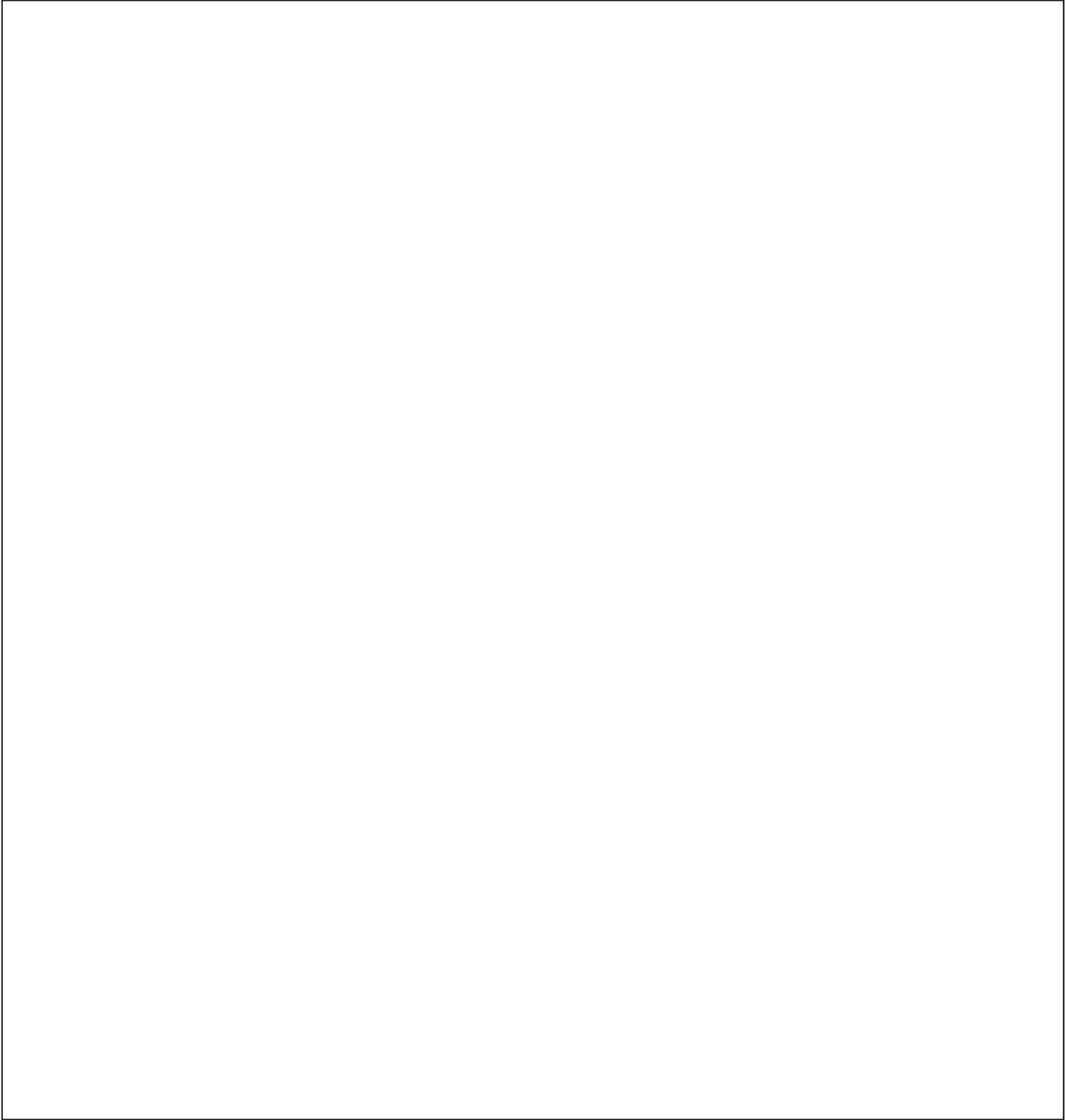
For the first time since you have been admitted, you attempt to smile.

The Place That I Call "Home"
Written Activity

Think about where you are currently living. Draw a picture of the outside of your home and your yard. Be sure to include plants, trees, pets, a sidewalk, your car, garden, fence, mailbox, porch swing, birdhouses or other things a person would notice if he/she would ride by your home (Page 1 of 3).

A large, empty rectangular box with a thin black border, intended for a student to draw a picture of the outside of their home and yard. The box occupies most of the lower half of the page.

Think about where you are currently living. Draw a floor plan of the inside of your home. Be sure to include all rooms, doors, windows, indoor pets, televisions, telephones, closets. (Page 2 of 3)



The Place That I Call "Home"

Think about where you are currently living. Answer the following questions regarding the place that you call "home" (Page 3 of 3).

1. Do you enjoy living in your home?
2. What do you love most about your home?
3. When you are home, where do you go when you want to be alone?
4. When friends or relatives come to see you at your home, do they knock on your door or just go into your home without knocking?
5. When a stranger wishes to see you at your home, does he/she knock on your door or just go into your home without knocking?
6. Do you sometimes not want to see anyone or be bothered and therefore not answer your door or answer your phone?
7. How often do you go out to eat?
8. Do you usually eat alone or with someone?
9. Do you prepare your own food and go to the refrigerator for a snack whenever you are hungry?
10. Do strange noises scare you at night?
11. When you bathe – do you shower or take a bath?
12. If you were forced to move from your home and could bring only 5 things with you, what would those 5 things be?

The Place That I Call "Home"
Post-Written Activity

Would you like to live at Happy Care Nursing Home? ____ yes; ____ no.

Would you like for your mother to be admitted to Happy Care Nursing Home? ____ yes; ____ no.

Would you like for your daughter or son to be admitted to Happy Care Nursing Home? ____ yes; ____ no.

Take five minutes and write an ending to the story. [Will it be a happy ending? Will it be a sad ending? What will happen to the resident? What will happen to the nurse aide?]

A More Empathetic You Curriculum Module



Part Four

Objective 10. I identify ways that staff can preserve the rights of nursing home residents.

<u>Content</u>	<u>Notes</u>
<p><i>Handout - Distribute Handout Number 1.</i> <i>Overhead - Show Overhead Number 1.</i></p> <p><u>Residents Rights</u></p> <p>A primary component of OBRA 1987 is to protect and promote the rights of nursing home residents to enhance the quality of their life.</p> <p>Facility compliance with resident's rights is enforced by the state and assessed during annual surveys.</p> <p>Federal regulations require that:</p> <ul style="list-style-type: none">• Residents must be informed about their rights, before or up to the time of admission.• Residents must be updated and reviewed throughout their stay at the facility.• If the resident is not able to understand his/her rights, a family member or other responsible party must be informed of these rights. <p><i>Overhead - Show Overhead Number 2.</i></p> <p>Each resident living in a Medicaid/Medicare – certified facility is entitled to the following rights (asterisk indicates those that directly relate to nurse aides):</p> <ol style="list-style-type: none">1) Freedom of choice*;2) Freedom from abuse and restraints*;3) Privacy*;4) Confidentiality*;	

Objective 10. I identify ways that staff can preserve the rights of nursing home residents.

<u>Content</u>	<u>Notes</u>
<p><u>Residents Rights (cont.):</u></p> <ul style="list-style-type: none"> 4) Grievances*; 5) Accommodation of needs*; 6) The right to participation in resident & family groups*; 7) Access & visitation rights*; 8) Equal access to quality care*; 9) Rights of incompetent resident; 10) Admissions policy; 11) Transfer & discharge rights; 12) Right to preparation & orientation*; 13) Right to notice of bed-hold period; 14) Right to priority readmission; 15) Relocation; 16) Payment obligations right to be informed; 17) Right to inspect survey results*; 18) Personal funds; and 20) Right to be informed about rights <p><u>Freedom of Choice</u></p> <p>A resident shall have the right:</p> <ul style="list-style-type: none"> • To choose a personal attending physician; • To be informed in advance about care and treatment; • To be informed in advance about any changes in care and treatment which could effect resident well being; • To participate in changes in care and treatment or planning care and treatment. 	

Objective 10. I identify ways that staff can preserve the rights of nursing home residents.

<u>Content</u>	<u>Notes</u>
<p><u>Freedom from Abuse and Restraints</u></p> <p>Residents should expect to be free from:</p> <ul style="list-style-type: none">• Physical or mental abuse, corporal punishment, involuntary seclusion, and any• Physical or chemical restraints imposed for purposes of discipline or convenience and not necessary to treat a medical symptom. <p><u>Privacy</u></p> <p>A resident should have a right to privacy regarding:</p> <ul style="list-style-type: none">• Accommodations;• Medical treatment;• Written and telephone communications; and• Visits and meetings of family and resident groups <p><u>Confidentiality</u></p> <p>A resident has a right to confidentiality regarding medical and personal records.</p> <p><u>Grievances</u></p> <p>The resident shall have the right to:</p> <ul style="list-style-type: none">• Voice complaints about care without fear of discrimination or reprisal for voicing concerns.• Prompt action by the facility to resolve grievances, including those about the behavior of other residents.• An ombudsman or an advocate for the mentally or developmentally disabled.	

Objective 10. I identify ways that staff can preserve the rights of nursing home residents.

Content

Notes

Accommodation of Needs

The resident shall receive services with reasonable accommodation of individual needs and preferences, except where granting such accommodation would endanger the health and safety of others.

The Right to Participation in Resident and Family Groups

The residential facility must promote and protect the right of

- Residents to organize and participate in resident groups in the facility and the
- Right of the resident's family to meet in the facility with the families of other residents in the facility.

The resident has the right to participate in

- Social,
- Religious, and
- Community activities

That do not interfere with the rights of other residents

Access and Visitation

A nursing facility must permit immediate access to a resident by

- Any representative of the Secretary,
- Any representative of the state,
- An ombudsman or an advocate for the mentally or developmentally disabled, or
- By the resident's individual physician

Objective 10. I identify ways that staff can preserve the rights of nursing home residents.

<u>Content</u>	<u>Notes</u>
<u>Access and Visitation (cont.)</u> Permit immediate access to a resident, subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, by immediate family or other relatives of the resident; Permit reasonable access to a resident by any entity or individual that provides health, social, legal or other services to the resident, subject to the resident's right to deny or withdraw consent at any time; Permit representatives of the state ombudsman, with the permission of the resident or the resident's legal representative and consistent with state law, to examine a resident's clinical record. <u>Equal Access to Quality Care</u> A nursing home must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services required under the State Plan for all individuals regardless of the source of payment. <u>Right to Preparation and Orientation</u> A facility must provide sufficient preparation and orientation to a transferring facility to ensure safe and orderly transfer or discharge.	

Objective 10. Identify ways that staff can preserve the rights of nursing home residents.

<u>Content</u>	<u>Notes</u>
<p><u>Right to Inspect Survey Results</u></p> <p>Upon reasonable request, the facility must provide the results of the most recent survey of the facility conducted by the Secretary or a state with respect to the facility and any plan of correction in effect with respect to the facility. The facility must also protect and promote this right to examine survey results.</p> <p><u>Right to be Informed about Rights</u></p> <p>A nursing facility must:</p> <ul style="list-style-type: none">• Inform each resident, orally and in writing at the time of admission to the facility, of the resident's legal rights during the stay at the facility;• Make available to each resident, upon reasonable request, a written statement of such rights, which shall include a description of the requirements for protection of personal funds and a statement that a resident may file a complaint with a state survey and certification agency regarding resident abuse and neglect and misappropriation of resident property in the facility. Written statements of rights must be updated when changes are made in rights provided by state or federal law. <p><i>Overhead - Show Overhead Number 3.</i></p> <p><u>Administrative Interventions to Preserve Resident Rights:</u></p> <ul style="list-style-type: none">• Establish and maintain a resident council;• Allow residents and nurse aides to participate in care planning;	

Objective 10. I identify ways that staff can preserve the rights of nursing home residents.

<u>Content</u>	<u>Notes</u>
<p><u>Administrative Interventions to Preserve Resident Rights (cont.):</u></p> <ul style="list-style-type: none">• Display posters listing resident rights in the facility;• Display information about the local ombudsman program;• Display annual state inspection (survey) results;• Attempt to allow residents the right to vote during public elections;• Maintain an informed consent process for the use of side rails and restraints. <p><i>Overhead - Show Overhead Number 4.</i></p> <p><u>Nurse Aide Interventions to Preserve Resident Rights:</u></p> <ul style="list-style-type: none">• Participate actively in care planning;• Allow residents to make meaningful choices each day;• Promote resident and family participation in events/ activities at the facility;• Treat residents with respect and dignity at all times;• Always respect a resident's privacy and personal belongings;• Maintain confidentiality regarding medical and personal records;• Report all resident complaints to the immediate supervisor;• Consider resident preferences and planned facility activities when providing nursing care;• Allow the resident private time with family and friends;• Empathize with the newly admitted resident;	

Objective 10. I identify ways that staff can preserve the rights of nursing home residents.

Content

Notes

Nurse Aide Interventions to Preserve Resident Rights
(cont.):

- Direct resident to posters that contain information relevant to the resident.

Objective 11: I identify ways that nurse aides can help a person adjust to life in a nursing home.

<u>Content</u>	<u>Notes</u>
<p><i>Overhead – Show overhead number 5.</i></p> <p><u>Individualize the Admission Process</u></p> <p>Staff can decrease a resident's doubts and fears of the unknown, and increase feelings of control, by providing newly admitted residents with an orientation to the facility.</p> <ul style="list-style-type: none">• Learn about the resident's previous lifestyle, environment, and routines so that his/her new residence/routines can be adapted to his/her previous ones.• Find out how each resident wishes to be addressed (Mr., Mrs., Ms., Dr.) and the preferred name (first name, middle name, last name, nickname). Use this information with all subsequent introductions and verbal communications with the resident.• Provide each resident with a map of the facility, a personalized tour, and visual points of reference to help him/her get used to the facility.• Introduce the resident to staff and other residents.• Provide initial explanations of routines and procedures.• Always explain what is being done, the reason it is being done, and where the resident is being taken. <p><i>Overhead – Show overhead number 6.</i></p> <p><u>Personalization and Links to the Past</u></p> <ul style="list-style-type: none">• Older adults must part with many important objects	

Objective 11: I identify ways that nurse aides can help a person adjust to life in a nursing home.

<u>Content</u>	<u>Notes</u>
<p>when relocating to a nursing home. Familiar objects and keep-sakes are links to a resident's background and relationships.</p> <ul style="list-style-type: none"> • During the actual move, attempt to minimize the length of time the resident is separated from his/her possessions. If possible, allow the resident to pack some of his/her special keepsakes before all moves (even for simple room changes), let him/her actually carry them to the new setting, and let him/her unwrap them. • Encourage as much personalization of space as possible to provide a sense of continuation of his/her life. Items may include a piece of furniture, figurines, pictures of family members, books, children's art work, etc. Be tolerant of the "clutter." • Let the resident have plenty of time to decide on placement of his/her keepsakes. This may keep the resident's thoughts and attention for one or two weeks. Only after the resident has organized his/her living space can they direct their energies to new people and new places in the facility. • Provide praise for personalization of the resident's space. <p><i>Overhead – Show Overhead Number 7.</i></p> <p><u>Privacy and Personal Space</u></p> <p>Lack of privacy and personal space, can increase stress and anxiety for the resident. This can be displayed in the form of illness, aggression, anger, submissiveness,</p>	

Objective 11: I identify ways that nurse aides can help a person adjust to life in a nursing home.

<u>Content</u>	<u>Notes</u>
<p>and withdrawal. When a resident's privacy, personal space, and personal belongings are respected, he/she relates better to others, feels more secure, and maintains his/her identity.</p> <p>Remember that each resident needs "down time" or time to relax and get away from people.</p> <ul style="list-style-type: none"> • Always knock on the resident's door and wait to be invited in before entering. • Approach resident slowly and maintain a degree of physical distance when possible. • Ask resident for permission before touching his/her belongings or going into his/her closet and drawers. • Never read the resident's mail unless requested to do so. • Keep the resident's personal belongings safe, yet available to him/her. <p><i>Overhead – Show Overhead Number 8.</i></p> <p><u>Support the Resident Emotionally</u></p> <p>Be aware of the resident's reasons for admission (death of a spouse, declining health, etc.) and understand that these stressors directly affect his/her behavior and reactions to nursing home life. Also, remember that it is very difficult to change lifelong habits, schedules, and rituals.</p> <ul style="list-style-type: none"> • Realize the major changes that the resident is expected to handle in a short period of time and empathize with what/he must be going through: • Loss of home and familiar surroundings, belongings, former neighbors, former routines and lifestyles, declining health, and possible loss of loved ones. 	

Objective 11: I identify ways that nurse aides can help a person adjust to life in a nursing home.

<u>Content</u>	<u>Notes</u>
<ul style="list-style-type: none">• Adjusting to a confined living space, living in close proximity to others, possibly having to share his/her bedroom with a stranger, new routines, services, and facility staff watching his/her every move.• Establishing new interaction patterns with his/her family and friends.• Allow resident to have as much control as possible. Encourage and allow him/her to participate in planning of his/her daily schedule.• Encourage and allow the resident to set their own pace and prioritize his/her daily activities.• Encourage and allow the resident to participate in facility activities when he/she is ready to do so.	

Objective 12. I identify the important role that you, as nurse aides, have in delivering empathetic, compassionate care to persons living in a nursing home.

<u>Content</u>	<u>Notes</u>
<p><i>Overhead – Show overhead Number 9.</i></p> <p>Nurse aides have the most contact with residents. Often, the nurse aide is the only one that hears what the resident thinks about different things.</p> <p>Meaningful relationships often occur between nurse aides and residents. This relationship tends to bring nurse aides the most satisfaction.</p> <p>Residents often express appreciation for nurse aides and recognize their hard work.</p> <p>Research indicates that attitudes and performance of staff ranked first as a determinant of quality of life.</p> <p>Nurse aides are truly needed and valued by the residents they care for.</p> <p>Nurse aides make up about 71% of full-time nursing staff in nursing homes.</p> <p>The primary service in nursing homes is nursing care that is need-based, rather than disease-based.</p> <p>Simple measures, such as addressing residents with respect, communicating that you take their concerns seriously, recognizing their personal strengths, and providing individualized care based on their needs elevate a resident's self-esteem.</p> <p><i>Overhead – Show Overhead Numbers 10 and 11.</i></p>	

Handouts

Handout # 1

Residents Rights

A primary component of OBRA 1987 is to protect and promote the rights of nursing home residents to enhance the quality of their life.

Facility compliance with resident's rights is enforced by the state and assessed during annual surveys.

Federal regulations require that:

- Residents must be informed about their rights, before or up to the time of admission.
- Residents must be updated and reviewed throughout their stay at the facility.
- If the resident is not able to understand his/her rights, a family member or other responsible party must be informed of these rights.

Each resident living in a Medicaid/Medicare – certified facility is entitled to the following rights (asterisk indicates those that directly relate to nurse aides):

- 1) Freedom of choice*;
- 2) Freedom from abuse and restraints*;
- 3) Privacy*;
- 4) Confidentiality*;
- 5) Grievances*;
- 6) Accommodation of needs*;
- 7) The right to participation in resident & family groups*;
- 8) Access & visitation rights*;
- 9) Equal access to quality care*;
- 10) Rights of incompetent resident;
- 11) Admissions policy;
- 12) Transfer & discharge rights;
- 13) Right to preparation & orientation*;
- 14) Right to notice of bed-hold period;
- 15) Right to priority readmission;

- 16) Relocation;
- 17) Payment obligations right to be informed;
- 18) Right to inspect survey results*;
- 19) Personal funds; and
- 20) Right to be informed about rights

Freedom of Choice

A resident shall have the right:

- To choose a personal attending physician;
- To be informed in advance about care and treatment;
- To be informed in advance about any changes in care and treatment which could effect resident well being;
- To participate in changes in care and treatment or planning care and treatment.

Freedom from Abuse and Restraints

Residents should expect to be free from:

- Physical or mental abuse, corporal punishment, involuntary seclusion, and any
- Physical or chemical restraints imposed for purposes of discipline or convenience and not necessary to treat a medical symptom.

Privacy

A resident should have a right to privacy regarding:

- Accommodations;
- Medical treatment;
- Written and telephone communications; and
- Visits and meetings of family and resident groups

Confidentiality

A resident has a right to confidentiality regarding medical and personal records.

Grievances

The resident shall have the right to:

- Voice complaints about care without fear of discrimination or reprisal for voicing concerns.
- Prompt action by the facility to resolve grievances, including those about the behavior of other residents.
- An ombudsman or an advocate for the mentally or developmentally disabled.

Accommodation of Needs

The resident shall receive services with reasonable accommodation of individual needs and preferences, except where granting such accommodation would endanger the health and safety of others.

The Right to Participation in Resident and Family Groups

The residential facility must promote and protect the right of

- Residents to organize and participate in resident groups in the facility and the
- Right of the resident's family to meet in the facility with the families of other residents in the facility.

The resident has the right to participate in

- Social,
- Religious, and
- Community activities that do not interfere with the rights of other residents

Access and Visitation

A nursing facility must permit immediate access to a resident by

- Any representative of the Secretary,
- Any representative of the state,
- An ombudsman or an advocate for the mentally or developmentally disabled, or
- By the resident's individual physician

Right to Inspect Survey Results

Upon reasonable request, the facility must provide the results of the most recent survey of the facility conducted by the Secretary or a state with respect to the facility and any plan of correction in effect with respect to the facility. The facility must also protect and promote this right to examine survey results.

Right to be Informed about Rights

A nursing facility must:

- Inform each resident, orally and in writing at the time of admission to the facility, of the resident's legal rights during the stay at the facility;
- Make available to each resident, upon reasonable request, a written statement of such rights, which shall include a description of the requirements for protection of personal funds and a statement that a resident may file a complaint with a state survey and certification agency regarding resident abuse and neglect and misappropriation of resident property in the facility. Written statements of rights must be updated when changes are made in rights provided by state or federal law.

Nurse Aide Interventions to Preserve Resident Rights:

- Participate actively in care planning;
- Allow residents to make meaningful choices each day;
- Promote resident and family participation in events/ activities at the facility;
- Treat residents with respect and dignity at all times;
- Always respect a resident's privacy and personal belongings;
- Maintain confidentiality regarding medical and personal records;
- Report all resident complaints to the immediate supervisor;
- Consider resident preferences and planned facility activities when providing nursing care;
- Allow the resident private time with family and friends;
- Empathize with the newly admitted resident;
- Direct resident to posters that contain information relevant to the resident.

Helping Residents Adjust to Life in a Nursing Home

Individualize the Admission Process

- Learn about the resident's previous lifestyle, environment, and routines so that his/her new residence/routines can be adapted to his/her previous ones.
- Find out how each resident wishes to be addressed (Mr., Mrs., Ms., Dr.) and the preferred name (first name, middle name, last name, nickname). Use this information with all subsequent introductions and verbal communications with the resident.
- Provide each resident with a map of the facility, a personalized tour, and visual points of reference to help him/her get used to the facility.
- Introduce the resident to staff and other residents.
- Provide initial explanations of routines and procedures.
- Always explain what is being done, the reason it is being done, and where the resident is being taken.

Personalize and Link to the Past

- During the actual move, attempt to minimize the length of time the resident is separated from his/her possessions. If possible, allow the resident to pack some of his/her special keepsakes before all moves (even for simple room changes), let him/her actually carry them to the new setting, and let him/her unwrap them.
- Encourage as much personalization of space as possible to provide a sense of continuation of his/her life. Items may include a piece of furniture, figurines, pictures of family members, books, children's art work, etc. Be tolerant of the "clutter."
- Let the resident have plenty of time to decide on placement of his/her keepsakes. This may keep the resident's thoughts and attention for one or two weeks. Only after the resident has organized his/her living space can they direct their energies to new people and new places in the facility.
- Provide praise for personalization of the resident's space.

Privacy and Personal Space

- Remember that each resident needs “down time” or time to relax and get away from people.
- Always knock on the resident’s door and wait to be invited in before entering.
- Approach resident slowly and maintain a degree of physical distance when possible.
- Ask resident for permission before touching his/her belongings or going into his/her closet and drawers.
- Never read the resident’s mail unless requested to do so.
- Keep the resident’s personal belongings safe, yet available to him/her.

Support the Resident Emotionally

- Realize the major changes that the resident is expected to handle in a short period of time and empathize with what he/she must be going through.
- Acknowledge loss of home and familiar surroundings, belongings, former neighbors, former routines and lifestyles, declining health, and possible loss of loved ones; adjusting to a confined living space, living in close proximity to others, possibly having to share his/her bedroom with a stranger, new routines, services, and facility staff watching his/her every move.
- Establishing new interaction patterns with his/her family and friends.
- Allow resident to have as much control as possible. Allow him/her to participate in planning of his/her daily schedule.
- Encourage and allow the resident to set his/her own pace and prioritize his/her daily activities.
- Encourage and allow the resident to participate in facility activities when he/she is ready to do so.

Overhead Transparencies

Resident Rights

- Primary component of OBRA is to protect and promote the rights of nursing home residents
- Applies to every resident living in a Medicaid/Medicare certified facility
- Enhances the quality of the nursing home resident's life
- Facility compliance is enforced by the state and assessed during annual surveys
- Resident or family must be informed & updated about their rights
- Includes 20 Rights



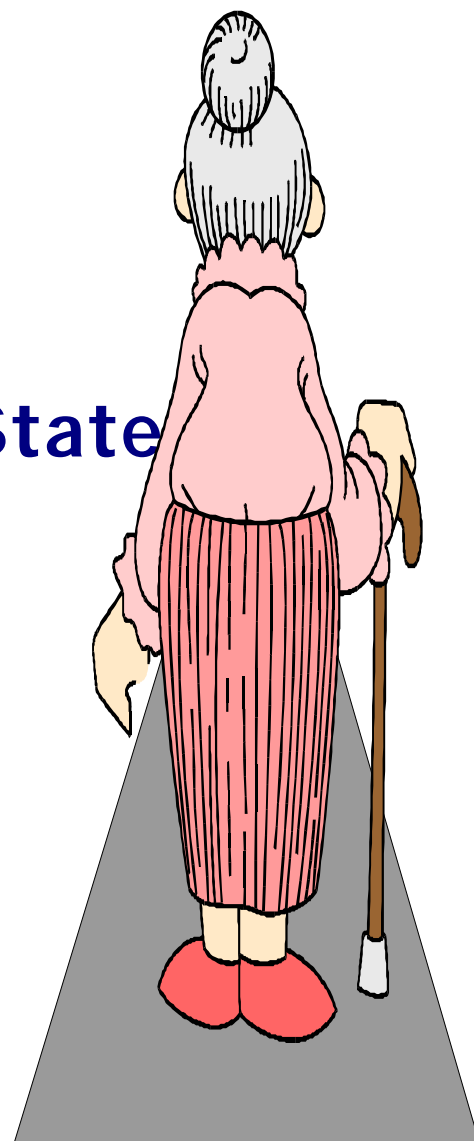
Resident Rights Related to Care Provided by Nurse Aides

- Freedom of choice
- Freedom from abuse and restraints
- Privacy
- Confidentiality
- Grievances
- Accommodation of needs
- The right to participate in resident & family groups
- Access & visitation rights
- Equal access to quality care
- Right to preparation & orientation
- Right to inspect survey results

Preservation of Resident's Rights

"Administrative Duties"

- Resident Council;
- Inclusive Care Planning Activities;
- Display Resident Rights, Ombudsman Program & State Inspection Information;
- Allow Residents the Right to Vote;
- Maintain an Informed Consent Process for the Use of Siderails & Restraints



Preservation of Resident's Rights

"Nurse Aide Duties"

- **Participate in Care Planning;**
- **Allow residents meaningful choices;**
- **Promote resident/family participation in events/activities;**
- **Treat residents with respect and dignity;**
- **Always respect a resident's privacy and personal belongings;**
- **Maintain confidentiality of medical and personal records;**
- **Report all resident complaints to the immediate supervisor;**
- **Consider resident preferences and planned facility activities when providing nursing care;**
- **Allow the resident private time with family and friends;**
- **Empathize with the newly admitted resident;**
- **Direct resident to posters that contain information relevant to the resident.**

Adjusting to Life in the Nursing Home - How You Can Help

Individualized Admission Process

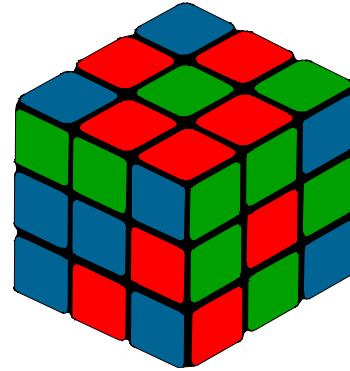
- Learn about the previous life/routines to help resident adapt;
- Find out how the resident wishes to be addressed;
- Provide resident with a map of the facility & provide a tour;
- Introduce resident to others;
- Provide initial info about routines; and
- Always explain, explain, explain

You may
call me,
Mrs. Smith

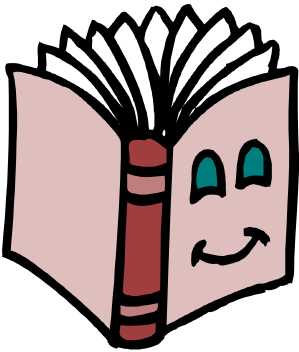




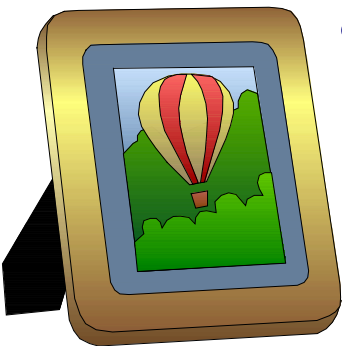
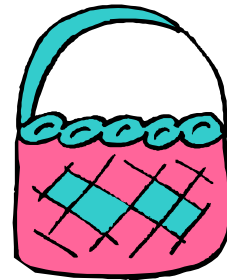
Adjusting to Life in the Nursing Home - How You Can Help



Personalize & Link to the Past



- During the move, reduce the length of time the resident is separated from his/her belongings;
- Encourage resident to personalize his/her space;
- Allow plenty of time for resident to place his/her keepsakes & belongings;
- Praise resident for personalizing his/her space



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Provide for Privacy & Personal Space

- Allow resident “down time”;
- Always knock on the resident’s door & wait to be invited before entering;
- Ask for permission before touching his/her belongings
- Never read a resident’s mail unless told to do so;
- Keep the resident’s personal belongings safe & within reach

Adjusting to Life in the Nursing Home - How You Can Help

Support the Resident Emotionally

- Realize changes resident is undergoing;
- Allow resident to have as much control as possible;
- Encourage and allow resident to participate in planning & prioritizing his/her day; setting the pace; and having as much control as possible;
- Understand what it is like to leave a **home** and move to a nursing home.

How Important Are Nurse Aides?

Fact: Nurse aides have the most contact with residents living in a nursing home.

Fact: Nurse aides make up about 71% of full-time nursing staff in nursing homes.

Fact: Residents often express appreciation for nurse aides & recognize their hard work.

Fact: Nurse aides are truly needed & valued by the residents they care for.

**Just how
important
are nurse
aides?**

VERY!



Final Test

Name _____

A More Empathetic You Test

Answer the following questions. You may not use your notes or handouts. You have 30 minutes to complete the test.

Part 1. Match the type of abuse with the correct example.

- | | |
|--------------------------|--|
| _____ 1. Neglect | a. stealing a resident's money |
| _____ 2. Financial Abuse | b. kicking a resident |
| _____ 3. Emotional Abuse | c. threatening to tie a resident up |
| _____ 4. Physical Abuse | d. not providing water to a thirsty resident |

Part 2. Read each of the statements below. Write T if the statement is true and F if the statement is false.

- _____ 1. In 1998, there were more older women than older men living in the United States.
- _____ 2. Society defines the older adult as "any person older than 45 years of age."
- _____ 3. Since 1970, the education level for older adults has increased.
- _____ 4. In 1995, the most frequently reported health condition for older adults was cancer.
- _____ 5. Biological aging describes the "wear and tear" of the body.
- _____ 6. An example of ageism is calling an older adult, Grannie.
- _____ 7. Symbols of ageism include sagging breasts, wrinkles, and gray hair.
- _____ 8. One way to avoid ageism is to always treat the older adult with respect and dignity.

- _____ 9. As people age, teeth may loosen or be lost.
- _____ 10. The ability to learn remains throughout life.

Part 3. Read each of the following questions and circle the correct answer.

1. As a person ages, his/her brain cells:
 - a. Increase
 - b. Decrease
 - c. Disappear
 - d. Do not change

2. To an older adult, the home may represent:
 - a. Dependence on others
 - b. A place of uncertainty
 - c. A link to the past
 - d. A place to be controlled by others

3. Which one of the following factors does not effect reaction time?
 - a. The aging process
 - b. Chronic disease
 - c. Sensory deficits
 - d. High fat diet

4. An example of appropriate pacing behavior for the nurse aide while caring for an older adult is:
 - a. To use big words while explaining a task.
 - b. Encourage him/her to "hurry along" with the task.
 - c. To not allow him/her time to put on eyeglasses before the task.
 - d. To tell him/her ahead of time about the task.

5. A bruise on an arm, a cut on the leg, and a black eye are all signs and symptoms of what form of abuse?
 - a. Neglect
 - b. Financial abuse
 - c. Emotional abuse
 - d. Physical abuse

6. Which one of the following activities violates a Resident Right?
 - a. A nurse aide reads the resident's mail to her, at her request
 - b. A nurse aide knocks on the door and waits for an invitation to enter
 - c. A nurse aide discusses a resident's medical condition with his/her family
 - d. A nurse aide allows a resident private time with his/her family

A More Empathetic You Test
Answer Key

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| <u> C </u> 3. Emotional Abuse | c. threatening to tie a resident up |
| <u> B </u> 4. Physical Abuse | d. not providing water to a thirsty resident |

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Curriculum Module Evaluation

Evaluation Form for Instructor A More Empathetic You Curriculum Module

Instructions: Please take a few minutes to complete the following evaluation. Read each statement and circle the response that represents your opinion about the curriculum module. Your responses and comments will help us improve the contents of the curriculum module, A More Empathetic You. Thank you for your time.

Statements	Rating Scale				
	Strongly Agree	Agree	Disagree	Strongly Disagree	Does not Apply
1.The objectives were appropriate for the content.	1	2	3	4	0
2.The content was appropriate for the nurse aide's level of learning.	1	2	3	4	0
3.The Activity Worksheets were appropriate and complemented the teaching/learning process.	1	2	3	4	0
4.The role-play activities were appropriate and complemented the teaching/learning process.	1	2	3	4	0
5.Clinical practice was appropriate and complemented the teaching/learning process.	1	2	3	4	0
6.The handouts were appropriate and complemented the teaching/learning process.	1	2	3	4	0
7.The overhead transparencies were used, were appropriate and complemented the teaching/learning process.	1	2	3	4	0
8.The nurse aides will be able to use what they have learned in the work setting.	1	2	3	4	0
9.The nurse aides will be able to use what they have learned away from the work setting.	1	2	3	4	0

Please write additional comments in the space below:

What are the learning needs of the nurse aides employed at your facility?

**Evaluation Form for Nurse Aide
A More Empathetic You Curriculum Module**

Instructions: Please take a few minutes to complete the following evaluation. Read each statement and circle the response that represents your opinion about the curriculum module. Your responses and comments will help us improve the contents of the curriculum module, A More Empathetic You. Thank you for your time.

Statements	Rating Scale				
	Strongly Agree	Agree	Disagree	Strongly Disagree	Does not Apply
1.The objectives were written clearly and easy to understand.	1	2	3	4	0
2.The content was appropriate for my level of learning.	1	2	3	4	0
3.The Activity Worksheets were helpful and helped me learn the content.	1	2	3	4	0
4.The role-play activities were helpful and helped me learn the content.	1	2	3	4	0
5.Clinical practice was helpful and helped me learn the content.	1	2	3	4	0
6.The handouts were helpful and helped me learn the content.	1	2	3	4	0
7.The overhead transparencies (if used) were helpful and helped me learn the content.	1	2	3	4	0
8.I will be able to use what I learned in the work setting.	1	2	3	4	0
9.I will be able to use what I learned away from the work setting.	1	2	3	4	0

Please write additional comments in the space below:

What other learning needs do you have?

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